15/5/2010				1	LKK:		
INS. CASE OWNER:		CC4/AIG20013038/E		as3 IDAC:			
INS. CASE OWNER.				900			
		ASSIGN					
Surveyor:	STEVE	doi:0//12	2/2020	Date / Time : 26	<u>6/11/2020</u>		i
				Registered in Merim	nen: 26/11/	/2020	
Pre-assign / CCU /	FTE						
	014 0070	N/					
Insured Vehicle No.	. : <u>SML 9079</u>	<u>IY</u>	Claim No.	:			
Name of Insured	: LIN ZIXIANG P	(ENNETH	Policy No.	:			
U_U			•	· -			
Insured Tel No.		HP:	Make / Model	:			
Excess Sec II :S\$		D.O.A: 12/11/2020	Place of Accide	ent :			
Is driver the owner?	(YES / NO)	Nature of Accident :					
If NO, Driver Nam	e / Age:		OLGIA DEDOL	RT: YES/NO; TP (	CIA DEDODT: V	ES/NO	
Driver Tel N	-	(V/L: YES/NO)			Final? Yes/No		
Driver fei N	NO. :	(V/L: TES/ NO )	Insured Liabilit	y: % r	mai: ies/No		
SLS 3374J	l <b>→</b>	<b>→</b>			<b>→</b>		
020 007 10	<u> </u>	<u> </u>			-		
INSRS:	INSRS		INSRS:		INSRS:		
WSP: Tel : CYCLE & CA	RRIAGE WSP:		WSP:		WSP:		
Liability:	Tel : Liabilit	H H	Tel : Liability :	HH	Tel : Liability :		
RMKS:	RMKS	. 1/4//1/1	•		•		
RIVIKS:	RIVIKS		RMKS:	***************************************	RMKS:		
Date/ Time							
	SLS 3374J:X ; \$	SML 9079Y : X		STAGE	DA	TE/PIC	
				Non-Reporting ltr (1st)			
				Non-Reporting ltr (2nd			
				Non-Reporting ltr (Fin Notification ltr (if non-			
				Call OI:	-ріскир).		
				After call ltr to OI:			
				Documentation Check	k List: Handler	Typist	
				Notification ltr (if non-	-pickup)		Т
				After call ltr to OI:		ī	Ť
				Authorisation To Act:		ī	Ť
				Release Voucher:		<del></del>	Ť
				Final Repair Bill:		1 F	Ť
				Car Rental Invoice:		1	Ī
				Towing Invoice			
				LTA / GIA :		7 <u>-                                   </u>	ĺ
				Medical Bill:			Ī
				PIR:			Ī
				Mandate/Reject Inst	ruction:		Ī
				LOD			Ī
				Payment Breakdown	ı Form:		]
RELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:			]
				Others:			]
INALIZATION	Date/Time:	Confirm with:		Confirm by:			
epair Cost: P/P	S\$ 2,957.00 ( 4	days) Reduction: \$2,205	.00 % 43	, E	Email Call		
		Confirm with LARRY		Email Cal			
		Assessed) BOLA S/N No.: 2	8	If NO or B 28, Ass.	Lia: 0%		
epair Cost:	S\$ 3,163.99	W/GST					
· · · ·	S\$ 535.00 ( 5	days) x \$107.00	W/GST	C.C (OI 2ND)			
	S\$ (\$ x	days)					
	S\$ (\$ x	days)					
OR only 🔽 LOU only [	LOR + LOU	OR + LO [Tick only	one]				

(e.g. Tow/ Independent )

CYCLE & CARRIAGE KIA PTE LTD

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

1) Claim status: Normal/Reject/Private Settle

\$320.00

2) Report Format: TP

3) Survey fee:

Email Cal

GIA/LTA Search

Disbursement:

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Medical:

Legal Cost

Total:

Payee 1:

S\$

S\$

S\$

S\$

S\$

S\$

2.00

**S**\$ 3,700.99

s\$3,700.99

Date/Time: