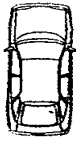


Surveyor: MARCUS DOI: 05/01/2021 Date / Time : 05/01/2021
 Registered in Merimen: 05/01/2021

Pre-assign / CCU / FTEInsured Vehicle No. : YP 644LClaim No. : 5221594192SG

Name of Insured : _____

Policy No. : 2070156249

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 04/01/2021

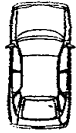
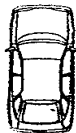
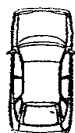
Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**GBD 7431Z →
 INSRs:
 WSP: **FASTECH**
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time		STAGE	DATE / PIC
	YP 644L - X	Non-Reporting ltr (1st):	
	GBD 7431Z - CC6/AIG17017240/Uka3q2 ; 05.09.2017	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☒ ☐
		After call ltr to OI:	☒ ☐
		Authorisation To Act:	☒ ☐
		Release Voucher:	☒ ☐
		Final Repair Bill:	☒ ☐
		Car Rental Invoice:	☐ ☐
		Towing Invoice	☐ ☐
<u>21/09/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>	LTA / GIA :	☒ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☒ ☐
		LOD	☒ ☐
		Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____
Repair Cost: <u>L/S</u>	S\$ <u>5,200.00</u> (<u>5</u> days) Reduction: <u>71.63</u> % Email ☒ Call ☐
FINAL SETTLEMENT	Date/Time: <u>15/09/2021</u> Confirm with <u>SHIYING</u> Email ☒ Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u> If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$ <u>5,564.00</u>
Loss of Rental (LOR):	S\$ _____ (_____ days)
Loss of Use (LOU):	S\$ <u>600.00</u> (\$ <u>100</u> x <u>6</u> days)
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S\$ <u>2.00</u>
Medical:	S\$ _____
Disbursement:	S\$ _____ (e.g. Tow/ Independent)
Legal Cost	S\$ _____
Total:	S\$ <u>6,166.00</u> Global Sum S\$: <u>6,100.00</u>
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐
Payee 1:	S\$ <u>6,100.00</u> Name 1: <u>Fastech Auto Pte Ltd</u>
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____