1	5	4	,	n	11	n

## CC4/AIG21006872/R1ga3

CC4/AIC21006872/ga2

١	LKK:
1	IDAC:

Email

Call

S\$

S\$

S\$ S\$

Date/Time:

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payce 3: (Strike if N.A.)

Total:

Payee 1:

	INS. CASE OWNER:		-004//4/02/10008			IDAC:		
	Surveyor:	RASUL	DOI: <u>ASSIGNMI</u> 23/06/2		Date / Time : 2°	1/06/2021 men: 21/06/2	021	
	Pre-assign / CCU /	FTE						
	Insured Vehicle No.	: SMX 3467L		Claim No.	:			
1	Name of Insured	: CHEN WEI JIUI	N	:				
	Insured Tel No.		HP:	Mazda 3				
			HP: Make / Model D.O.A: 13/05/2021 22:07 Place of Accide		Ol Ol Kana Madh E Cinganasa			
	Excess Sec II :S\$				ent: Onou onu	rang monito	, omgapero	
	Is driver the owner? (YES / NO)		Nature of Accident :					
	If NO, Driver Name / Age : Driver Tel No. :		OI GIA REPO (V/L: YES / NO ) Insured Liabilit		RT: YES / NO ; TP GIA REPORT: YES / NO ty: % Final? Yes / No			
	SLK 9452U					<b>-</b>		
	INSRS: WSP: FORZA Tel: AUTOH Liability PTE. LT RMKS:	AUS INSRS WSP: Tel: Liabilit RMKS	y:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:		
	Date/ Time							
		SLK 9452U CS/0	TI21006350/T1qc; 13/0	5/2021	STAGE		E/PIC	
SMX 3		SMX 3467L NBA	/CTI21005820/Y; 13/05/	2021	Non-Reporting ltr (1st):			
						Non-Reporting ltr (2nd): Non-Reporting ltr (Final):		
					Notification ltr (if non	1-pickup):		
				Call OI:				
					After call ltr to OI: Documentation Che	ok Liste Handler	Typist	
			Reject Case		Notification ltr (if non		Typist	
			By (staff) : EECILA		After call ltr to OI:	, рикар,		
	100		Approved by :	-	Authorisation To Act:			
			Date : 24/1/21		Release Voucher:			
					Final Repair Bill:			
					Car Rental Invoice:			
21/07/2021 REJECTION EMAIL TO			TP - BASED ON OI AUDIO RECORD, TP ADMIT		Towing Invoice			
					LTA / GIA : Medical Bill:			
		ON OIV DAMAGES.			PIR:			
					Mandate/Reject Inst	truction:		
					LOD			
					Payment Breakdown Form:			
PRELI	MINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	:		
		D . (T'	Confirm with		Others:			
	IZATION	Date/Time: S\$ 1700.00 (	Confirm with: 4 days) Reduction: \$4,605.35	% 73	Confirm by:	Email Call		
	Cost: US SETTLEMENT	Date/Time:	Confirm with	70 13	Email Call	Linai Can (		
Final Li	THE RESERVE OF THE PARTY OF THE		Assessed) BOLA S/N No. :		If NO or B 28, Ass.	, Lia :		
Repair (		S\$						
_	Rental (LOR):	S\$ (	days)					
	Use (LOU):	S\$ (\$ x						
	Income (LOI):	S\$ (\$ x	days)					
LOR on			OR + LOI [Tick only one]					
	A Search	S\$			1) Claim status: N	ormal/leject/Private	a Cattle	
Medical Disburs		S\$ S\$	(e.g. Tow/ Independent )		2) Report Format:		e settie	
Legal Co		S\$			3) Survey fee:	\$320.00		