

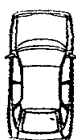
Surveyor: MR LIM

DOI: 24/06/2021

Date / Time : 23/06/2021

Registered in Merimen: 23/06/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : GBK 771B

Claim No. : 0451583168SG

Name of Insured : SIN HUA CONSTRUCTION PTE LTD

Policy No. : 2070162256

Insured Tel No. : HP: _____

Make / Model : Toyota DYNA

Excess Sec II :S\$

D.O.A : 23/01/2021 18:45

Place of Accident : SIXTH AVENUE

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

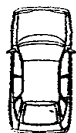
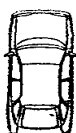
If NO, Driver Name / Age : GANDHI RAJAVEL

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

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

Insured Liability : % Final ? Yes / No

SMC 5169U

INSRS:
WSP:
Tel :
Liability :
RMKS:TEAM
AUTOPRO
PTE LTDINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMC 5169U - GBK 771B -	NBA/CTI21001192/Y ; 23.01.2021	
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
19/08/2021	Pls refer to VIEWS for details.	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	☐ ☐
		LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE Date/Time: Sent By:			
FINALIZATION Date/Time: Confirm with: Confirm by:			
Repair Cost: L/sum	S\$ 5,800.00 (4 days) Reduction: 65 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 19/08/2021 Confirm with: Adel		Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 6,206.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 500.00 (\$ 100 x 5 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 29.00		
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$320.00	
Total:	S\$ 6,735.00 Global Sum S\$:		
FINAL PAYMENT Date/Time: Confirm with: Email ☒ Call ☐			
Payee 1:	S\$ 6,735.00 Name 1: Team Autopro Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		