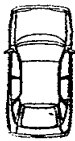


INS. CASE OWNER:

ASSIGNMENTSurveyor: LWPDOI: 14/12/2021Date / Time : 09/12/2021Registered in Merimen: 09/12/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SKT 1462H

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

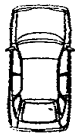
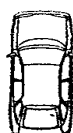
Excess Sec II : \$ _____ D.O.A : 08/12/2021 15:15Place of Accident : E Coast Rd

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****SMN 2849C**INSRS:
WSP: WEI LEE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMN 2849C - X	Non-Reporting ltr (1st):	
	SKT 1462H - CS/AIG16020510/Gtbn2 ; 25.10.2016	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	☐ ☐
		LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
	CLAIMANT - KH LEASING PTE LTD	PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
	TPV: TOYOTA ALTIS - 1598cc	LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: L/S	\$S \$2,200.00 (4 days) Reduction: \$2,034.61 % 48	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 06/06/2022 Confirm with MIKO	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 2,354.00 W/GST		
Loss of Rental (LOR):	\$S (days)		
Loss of Use (LOU):	\$S 250.00 (\$ 50 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 7.45		
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 2,611.45 Global Sum \$S: 2,600.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	\$S 2,600.00 Name 1: WEI LEE MOTOR WORKS		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		