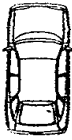


Surveyor: Kenneth DOI: 03/01/2022 Date / Time : 30/12/2021
 Registered in Merimen: 30/12/2021

Pre-assign / CCU / FTEInsured Vehicle No. : GBJ 2585P

Claim No. : _____

Name of Insured : SHINE HUP FURNITURE

Policy No. : _____

Insured Tel No. : _____ HP: _____

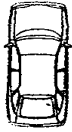
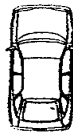
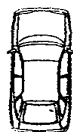
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 29/12/2021

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No**SMY 1689X → _____ → _____ → _____ → _____
 INSRs:
 WSP: WEI LEE
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time		
	SMY 1689X : X	STAGE DATE / PIC
	GBJ 2585P : CS3/AIG21003888/R1pa3q2-1 ; DOA : 22/03/2021	Non-Reporting ltr (1st):
		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: ☐ ☐
		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: <u>KSC</u>
Repair Cost: <u>LS</u>	S\$ <u>2,850.00</u> (<u>5</u> days) Reduction: <u>55</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>13.04.22</u> Confirm with <u>KAREN</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: <u>w/GST</u>	S\$ <u>3,049.50</u> <u>OI REAR ENDED TP</u>	
Loss of Rental (LOR):	S\$ <u>-</u> (<u> </u> days)	
Loss of Use (LOU):	S\$ <u>300.00</u> (\$ <u>60</u> x <u>5</u> days)	
Loss of Income (LOI):	S\$ <u>✓ -</u> (\$ <u> </u> x <u> </u> days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>7.45</u>	
Medical:	S\$ <u>-</u>	1) Claim status: Normal/ <u>Reject/Private Settle</u>
Disbursement:	S\$ <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$ <u>-</u>	3) Survey fee: <u>\$320</u>
Total:	S\$ <u>3,356.95</u> Global Sum S\$: <u>3,350.00</u>	
FINAL PAYMENT	Date/Time: <u>13.04.22</u> Confirm with: <u>KAREN</u>	Email ☐ Call ☐
Payee 1:	S\$ <u>3,350.00</u> Name 1: <u>WEI LEE MOTOR WORKS</u>	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	