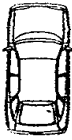


Surveyor: MarcusDOI: 20/01/2022Date / Time : 19/01/2022Registered in Merimen: 19/01/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : SML 1587A

Claim No. : _____

Name of Insured : YANG SIOW LING JESSLYN (YANG XIAOLING)

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ D.O.A : 18/01/2022

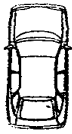
Place of Accident : _____

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

SLU 983KINSRS:
WSP: ZOOM
Tel : AUTOWERKS
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
	SLU 983K : NA/INC18015493/k4 ; DOA : 25/08/2018		
	SML 1587A : X		
	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:	
Date/Time:		Confirm by:	
Repair Cost: L/Sum	S\$ 4,200.00	(3 days) Reduction: 71 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 03/03/2023		Confirm with Elin Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 4,200.00		
Loss of Rental (LOR):	S\$ 400.00	(4 days) @\$100	
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐	LOR + LO ☐	[Tick only one]
GIA/LTA Search	S\$ 31.00		
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
Total:	S\$ 4,631.00	Global Sum S\$:	
FINAL PAYMENT Date/Time:		Confirm with: Email ☒ Call ☐	
Payee 1:	S\$ 4,631.00	Name 1:	ZOOM AUTOWERKS PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	