INS. CASE OWNER	ANG Yvonne				LKK: IDAC: 284528	
		ASSIGNM	ENT	74.70		
Surveyor: Pre-assign / CCU	/FTE	Date / Time : 28/09/2022 Registered in Merimen:				
Insured Vehicle No	o. : SHD 5461D		Claim No	· S2M04BF	97	
Name of Insured	TRANS-CAB S	D0450000				
Insured Tel No.			Policy No.			_
Excess Sec II :S\$		D.O.A: 26/09/2022 13:35	Make / Model	14401/51	IZIE ROAD TOV	MADDE DI
Is driver the owner			Place of Accid	TIMAH R	OAD TOV	VARDS BO
	(150 / 110 /	Nature of Accident :	OLGIL PERO	D. T.	GIA DEPORT VES	1/1/0
Driver Tel	If NO, Driver Name / Age; Driver Tel No.; (V/L: YES / NO.)			ty: %	TP GIA REPORT: YES / NO Final? Yes / No	
SKQ 9918	<u>Z</u>				-	
INSRS: WSP; CHENG Tel: Liability: RMKS:	G HOE INSRS WSP: Tel: Liabili RMKS	y:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	l des
Date/ Time	01/0 00407 1/					
	SKQ 9918Z - X	SHD 54	61D - X	STAGE Non-Reporting ltr (1		E/PIC
				Non-Reporting ltr (2	nd):	225
1/10/22 9:38 AM				Non-Reporting ltr (F Notification ltr (if no		
forry, created by e	ror Please cancel	. No action require - A	NG Yvonne	Call OI:		
18/10/2022 TO CANCEL CASE // NO SURVEY DONE				After call ltr to Ol: Documentation Ch	eck List: Handler	Typist
TO STATE OF THE ST				Notification ltr (if non-pickup)		- Jac
12/01/23				After call ltr to OI:		
- h	/			Authorisation To Ac	t:	
				Release Voucher: Final Repair Bill:		-
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
				PIR:		
				Mandate/Reject Ins	struction:	
				LOD Payment Breakdow	en Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos		
				Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (days) Reduction:	%		Email Call	
FINAL SETTLEMENT	Date/Time: Confirm with			Email Cal		
Final Liability:		Assessed) BOLA S/N No. :		If NO or B 28, Ass	. Lia :	
Repair Cost:	SS (days)				
Loss of Rental (LOR):	S\$ (\$ x	days)				
Loss of Income (LOI):	S\$ (\$ x	days)				
OR only LOU only		OR + LOI [Tick only one]				
GIA/LTA Search	S\$			1) (1)	100 /	
Medical:	S\$	(T/I-d		Claim status: No Report Format:	ormal/Reject/Private S	settle
Disbursement:	S\$	(e.g. Tow/ Independent)		Survey fee:		
egal Cost	S\$ S\$	Global Sum S\$:		Dy burrey ice.		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		
Payee 1:	SS	Name 1:				
Payee 1: Payee 2: (Strike if N.A.)	SS	Name 2:				
Payee 3: (Strike if N.A.)	SS	Name 3:				