

INS. CASE OWNER:

ASSIGNMENTSurveyor: Steve

DOI: _____

Date / Time : 12/10/2022

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : XB 9549E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 29/09/2022 12:30

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 / NO

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

Insured Liability : % **Final ? Yes / No**WC 292KINSRS:
WSP: WTS ENGINEERING
Tel : PTE LTD
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	STAGE	DATE / PIC
WC 292K - Reference Entry	NA/INC210029417h4	04/03/2021	CHOO CHUAN CHEW SME 1410M	WC 292K 03/03/2021	03/03/2021	Non-Reporting ltr (1st):	
XB 9549E - Reference Entry	CC6/AIG13012816/T1a2a3q2	04/10/2013	XB 9549E SGN 4730T	06/07/2013	09/10/2013	Non-Reporting ltr (2nd):	
	CS3/MSG16011143/R1vbd1	05/08/2016	SJD 5529U XB 9549E	13/06/2016	05/08/2016	Non-Reporting ltr (Final):	
	CS3/MSG17004200/Ybm2	11/04/2017	SKB 5415M XB 9549E	27/02/2017	12/04/2017	Notification ltr (if non-pickup):	
	CS3/MSG17004200/Ygbe2-1	03/10/2017	SKB 5415M XB 9549E	27/02/2017	03/10/2017	Call OI:	
	NA/INC08030474/r	17/11/2008	LEE YING SGX 3725M XB 9549E	17/11/2008	19/11/2008	After call ltr to OI:	
						Documentation Check List:	
						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: <u>P/P</u>	S\$ <u>1,585.82</u>	(<u>4</u> days)	Reduction: <u>44</u>	%	Email ☒	Call ☐	
FINAL SETTLEMENT	Date/Time: <u>10/02/2023</u>	Confirm with <u>XIN YI</u>				Email ☒	Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>				If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>1,696.83</u>						
Loss of Rental (LOR):	S\$ _____	(_____ days)					
Loss of Use (LOU):	S\$ <u>640.00</u>	(\$ <u>160</u> x <u>4</u> days)					
Loss of Income (LOI):	S\$ _____	(\$ _____ x _____ days)					
LOR only ☐	LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]					
GIA/LTA Search	S\$ <u>2.00</u>						
Medical:	S\$ _____						
Disbursement:	S\$ _____	(e.g. Tow/ Independent)					
Legal Cost	S\$ _____						
Total:	S\$ <u>2,338.83</u>	Global Sum S\$:					
FINAL PAYMENT	Date/Time:	Confirm with:				Email ☒ Call ☐	
Payee 1:	S\$ <u>2,338.83</u>	Name 1:	<u>WTS Engineering Pte Ltd</u>				
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:					
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:					

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP3) Survey fee: \$400.00