

INS. CASE OWNER:

Surveyor:

DOI:

Date / Time : 16/08/2019

Registered in Merimen: 19/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7044K

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : 24/07/2019

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

FBN 9258S

INSRS:
WSP: YEW TEE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBN 9258S - X	Non-Reporting ltr (1st):	
	SH 7044K - CC4/III16005014/Uwg3s2; DOA: 22/02/16	Non-Reporting ltr (2nd):	
	- CC4/ASM19002816/K1ga3q2; DOA:10/2/19	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
13/11/2020	Pls refer to Views for details.	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: L/sum	S\$ 3,400.00 (4 days) Reduction: 74 %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: 13/11/2020 Confirm with: May Email ☒ Call ☐			
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 3,638.00		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 150.00 (\$ 25 x 6 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 29.00		
Medical:	S\$	1) Claim status: Normal/ Private/ Public	
Disbursement:	S\$ 60.00 (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$	3) Survey fee: \$500.00	
Total:	S\$ 3,877.00 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐			
Payee 1:	S\$ 3,877.00 Name 1: Yew Tee Automobile Tech Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		