

INS. CASE OWNER: DANIEL POOI

CC4/III19017003/Kpa3

LKK:  
IDAC:Surveyor: KENNETH  
DOI: 27/09/2019Date / Time : 26.09.2019  
Registered in Merimen: 26.09.19 BY WKSP

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 4884Z  
Name of Insured : COMFORT TRANSPORTATION PTE LTD  
Insured Tel No. : HP: D.O.A : 24/09/2019 14:45  
Excess Sec II : S\$  
Is driver the owner? ( YES / NO ) Nature of Accident :Claim No. : MCT19090605  
Policy No. : MCOM0015  
Make / Model : HYUNDAI IONIQ HYBRID  
Place of Accident : ORCHARD RD X JUNCTION GRANGE RD.

If NO, Driver Name / Age : YEE CHEE MENG

Driver Tel No. : +65-90229807 (V/L: YES / NO )

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SKG 1798H

INSRS:  
WSP: City Auto  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		
	SKG 1798H - CC4/AXA15015791/Kpg3s2; DOA: 14.09.15	STAGE
	- CC6/AXA14014148/Guy3d1; DOA: 15.07.14	DATE / PIC
	SHD 4884Z - CC4/III15012738/K1ya3n2; DOA: 27.7.15	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
17/08/2020	Pls refer to VIEWS for details.	Documentation Check List: Handler Typist
		Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>
		Release Voucher: <input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice: <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>
		Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>
		LOD: <input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>

<b>PRELIMINARY ADVICE</b> Date/Time:		Sent By:		Confirm by:	
Repair Cost: L/sum S\$ 1,400.00 ( 3 days) Reduction: 33 %		Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: 17/08/2020 Confirm with Vronica		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		If NO or B 28, Ass. Lia :	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15					
Repair Cost: w/GST S\$ 1,498.00					
Loss of Rental (LOU): w/GST S\$ 481.50 ( 3 days) x \$150.00					
Loss of Use (LOU): S\$ (\$ x days)					
Loss of Income (LOI): S\$ (\$ x days)					
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]					
GIA/LTA Search S\$					
Medical: S\$ 42.00 (Driver- CHNG HENG YONG GELVIN)		1) Claim status: Normal/Reject/None/Death			
Disbursement: S\$ (e.g. Tow/ Independent )		2) Report Format: TP			
Legal Cost S\$		3) Survey fee: \$350.00			
<b>Total:</b> S\$ 2,021.50 Global Sum S\$:					
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 2,021.50 Name 1: City Auto Pte Ltd					
Payee 2: (Strike if N.A.) S\$ Name 2:					
Payee 3: (Strike if N.A.) S\$ Name 3:					