

INS. CASE OWNER: DANIEL POOI

CC6/III19017454/Apa3

LKK:

IDAC:

Surveyor: ADRIAN DOI: 02/10/2019Date / Time : 02/10/2019
Registered in Merimen: 03/10/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 4424T
Name of Insured : COMFORT TRANSPORTATION PTE LTDClaim No. : _____
Policy No. : MCOM0015Insured Tel No. : _____ HP: _____
Excess Sec II : \$\$ D.O.A : 01/10/2019 17:30Make / Model : HYUNDAI SONATA
Place of Accident : KAKI BUKIT AVE 1

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : MUKUNTHAN S/O KUNKAPPA

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

Driver Tel No. : +65-90261919 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

YN 5998T

INSRS:
WSP: NEW HOCK TECK
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
YN 5998T - CS/MSG17017117/Krbe2; DOA: 01.09.17	Non-Reporting ltr (1st):	
SHD 4424T - NS/INC18019441/K1rbe2; DOA: 24/10/18	Non-Reporting ltr (2nd):	
- NBA/INC17008672/Y; DOA: 02/05/17	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:	☐ ☐
	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	\$S 5,000.00 (5 days) Reduction: 56 %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 30/03/2020	Confirm with:
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9	Email ☒ Call ☐
Repair Cost: w/GST	\$S 5,350.00	If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	\$S - (days)	
Loss of Use (LOU):	\$S 720.00 (\$120.00 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 7.45	
Medical:	\$S -	1) Claim status: Normal/Reject/Write Back
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	\$S -	3) Survey fee: 500.00
Total:	\$S 6,077.45	Global Sum \$S: 6,000.00
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S 6,000.00	Name 1: New Hock Teck Motor Pte Ltd
Payee 2: (Strike if N.A.)	\$S	Name 2:
Payee 3: (Strike if N.A.)	\$S	Name 3: