

Surveyor:

TAUFIKH

DOI: 09/10/2019

Date / Time : 08/10/2019

Registered in Merimen: 08/10/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8495S

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 07/10/2019 01:45

Place of Accident : MBS TAXI STAND

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

SHA 8112H

INSRS:
WSP: DING
Tel : AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 8112H - CS/TMI18004457/K1qbn2; DOA: 06/3/18	Non-Reporting ltr (1st):	
	- CS/FCI16018932/R1qh3m2; DOA: 27/9/16	Non-Reporting ltr (2nd):	
	- CC3/AIG16011840/H1za3q2; DOA: 22/6/16	Non-Reporting ltr (Final):	
	SHC 8495S - CC4/III17015530/Kza3q2; DOA: 4/8/17	Notification ltr (if non-pickup):	
	- CC4/III17008823/Spb3q2; DOA: 27/4/17	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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 1040.70 (3 days) Reduction: 1035.10 % 50		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 12/05/2020 Confirm with HASHIM		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22		If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 1113.55 (W/GST)		
Loss of Rental (LOR):	S\$ 234.00 (2 days) x \$117.00		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 80.00 (\$ 40 x 2 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/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$		3) Survey fee: \$350.00
Total:	S\$ 1435.00	Global Sum S\$: 1400.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 1400.00	Name 1: DING AUTOMOTIVE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

ASS. REC. BY:

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Prime Mover /

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Rep. Form:

Lump Sum / L.P.C.:

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL