

INS. CASE OWNER: AIDA

CC4/III19020950/Dpa3

LKK:
IDAC:

Surveyor:

BRYAN

DOI: 26.11.2019

Date / Time : 26.11.2019

Registered in Merimen: 26.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8351Z

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : MCOM0015

Insured Tel No. : HP: D.O.A : 25.11.2019 05:20

Make / Model : HYUNDAI I40

Excess Sec II :S\$

Place of Accident : SHEARES LINK AND MBS HOTEL LOBBY JUNCTION

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

If NO, Driver Name / Age : TAN PHAI JIANG

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

Driver Tel No. : +65-90675428 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHC 1678C

INSRS:
WSP: CHUNNITel :
Liability :
RMKS:INSRS:
WSP:Tel :
Liability :
RMKS:INSRS:
WSP:Tel :
Liability :
RMKS:INSRS:
WSP:Tel :
Liability :
RMKS:

19/09/2020

Pls refer to Views for details.

Date/ Time	STAGE	DATE / PIC
	SHC 1678C - CS/FCI19006260/Utd3n2; DOA: 5.4.19	
	- CS/FCI16008206/Uvbd1; DOA: 26.4.16	
	SHC 8351Z - CC3/III19000379/R1ga3q2 ; DOA :9.12.18	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	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: L/sum	S\$ 23,000.00 (10 days) Reduction: 34 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 19/09/2020 Confirm with William	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 24,610.00	
Loss of Rental (LOR):	S\$ 1,654.60 (10 days) X \$165.46	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ 400.00 (\$ 40 x 10 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	
Legal Cost	S\$	
Total:	S\$ 26,664.60 Global Sum S\$: 26,000.00	
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$ 26,000.00 Name 1: Chunni Motor Work Pte Ltd	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	