

INS. CASE OWNER: AIDA

CC4/III19021157/Apa3

LKK:

IDAC:

Surveyor: ADRIAN

DOI: 29/11/2019

Date / Time : 28.11.2019

Registered in Merimen: 30.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7241A

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : MCOM0015

Insured Tel No. : HP: 27/11/2019 14:45

Make / Model : HYUNDAI IONIQ

Excess Sec II :S\$

D.O.A : 27/11/2019 14:45

Place of Accident : ALEXANDRA RD TURNING TO QUEENSWAY

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

If NO, Driver Name / Age : LOH KHAI MENG

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

Driver Tel No. : +65-92202759 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SGT 1007L



INSRS: JACK CARS

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		
	SGT 1007L - X	STAGE DATE / PIC
	SHA 7241A - NS/INC18015399/K1td3n2; DOA: 21.8.18	Non-Reporting ltr (1st):
	- NS/INC12005117/H1fn; DOA: 10.3.12	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
18/05/2020	Pls refer to Views for details.	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: P/P	S\$ 5,024.25 (4 days) Reduction: 61 %	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 18/05/2020	Confirm with: Thana
		Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 5,375.95	
Loss of Rental (LOR) w/GST	S\$ 642.00 (6 days) x \$100.00	
Loss of Use (LOU):	S\$ (\$ x 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/ Other
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$	3) Survey fee: \$500.00
Total:	S\$ 6,025.40	Global Sum S\$: 6,000.00
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$ 6,000.00	Name 1: Jack Cars Enterprise Pte Ltd
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: