

15/5/2010

INS. CASE OWNER:

JASON TEA

CC4/FCI19022667/Kka3

LKK:

IDAC:

Surveyor:

KENNETH

DOI: 02/01/2020

Date / Time : 26/12/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 3899D

Claim No. : D19007555MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : 27/11/2019 14:30

Place of Accident : MARITIME SQUARE SINGAPORE
CRUISE CTR PICK UP POINTIs 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

SLR 4600E

INSRS:
WSP: Supreme Auto
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SLR 4600E - X	
	SHA 3899D - CS/FCI15010135/Ugy3d1; DOA: 27.01.15	
	- CS3/FCI13006199/Rvd1; DOA: 30.03.13	
	- CC3/AXA13016957/Yrm3w2; DOA: 08.09.13	
	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)	<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"/>
4/8/2020	Liability not clear. TP pass to lawyers. FCI Jason instruct to submit report	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	L/S S\$ 2,400.00 (4 days) Reduction: 1,565.80 / 39%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% (Agreed / Assessed) BOLA No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S\$	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ (x d)	
Loss of Income (LOI):	S\$ (\$)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$	1) Claim status: Normal/Reject/Partial/Total
Medical:	S\$	2) Report Format: WP
Disbursement:	S\$ (g. Tow/ Independent)	3) Survey fee: \$195
Legal Cost	S\$	
Total:	S\$	Global Sum _____ Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL PAYMENT Date/Time: _____ Confirm with: _____		
Payee 1:	S\$	Name 1: _____
Payee 2: (Strike if N.A.)	S\$	Name 2: _____
Payee 3: (Strike if N.A.)	S\$	Name 3: _____

ASS. REC. BY:

REF: 1021

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Supreme

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: \$ 64k

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 09 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SUR 4600 E Yr Regn: 08, 17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or AMake: Mazda 3 C.C. 1496Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 57811 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN 6BN 22A 814 016 2205Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD / Rlm orTyre Size: F: 205/60R16

R: _____

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

TOYO YOKO or

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 27/11/19 D.O.I. 2/1/2020

Survey held at _____

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

N/S 137

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

Date / Time Action / Instruction

1 File pass to3/1 L1 Rep @ 2400 email

(L/S \$ 2,400 / RED \$ 1,565.80 / 39%)

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: \$130

Transportation: \$50

S + RS. SI

Photos \$15

Others

TOTAL

\$195

Report Format :

Lump Sum / I.B.I: (\$ _____)