

Surveyor:

OI SUN PIN

DOI: 20/01/2020

Date / Time : 20.01.2020

Registered in Merimen: 20/01/2020

Pre-assign / CCU / FTE

X



Insured Vehicle No. : SHB 6232C

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : MCOM0015

Insured Tel No. : HP:

Make / Model : TOYOTA PRIUS HYBRID 4G

Excess Sec II : S\$

D.O.A: 13/01/2020 17:45

Place of Accident : BLK 800 YISHUN RING ROAD PC 760800

Is driver the owner? (YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age : LIM THYE SING

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

Driver Tel No. : +65-96215443 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJB 5562H

INSRS:
WSP: Automotive
Tel: Repair Centre
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
SJB 5562H - X	Non-Reporting ltr (1st):	
SHB 6232C - CC3/III16024792/Keb3q2; DOA: 23.12.16	Non-Reporting ltr (2nd):	
- NS/INC13002627/H1y1u2; DOA: 05.02.13	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:	Confirm by: SUN PIN
FINALIZATION Date/Time:	Confirm with:	Confirm by: SUN PIN
Repair Cost: L/S S\$ 1150.00 (3 days) Reduction: \$2250.00 % 66	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: 23/04/2020 Confirm with SHU JUAN	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST) S\$ 1230.50		
Loss of Rental (LOR): S\$ (days)		
Loss of Use (LOU): S\$ 150.00 (\$ 50 x 3 days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$		
Disbursement: S\$ (e.g. Tow/ Independent)		
Legal Cost S\$		
Total: S\$ 1380.50 Global Sum S\$: 1380.00		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ 1380.00 Name 1: AUTOMOTIVE REPAIR CENTRE PTE LTD		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$350.00