

15/5/2010

INS. CASE OWNER: **JOANNE YONG**

CC4/FCI20002023/ **0 da3**

LKK:

IDAC:

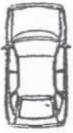
Surveyor: **BYAN**

DOI: **5/2/2020**

Date / Time : **05/02/2020**

Registered in Merimen: **—**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SH 6387C**
 Name of Insured : **COMFORT TRANSPORTATION PTE LTD**
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : **01/02/2020 20:30**
 Is driver the owner? (YES / **NO**) Nature of Accident : _____
 If NO, Driver Name / Age : **TAY KIAN SENG**
 Driver Tel No. : **+65-97352883** (V/L: YES / NO)

Claim No. : **D20000801MFSH** X
 Policy No. : **D-18088936MFSH**
 Make / Model : **HYUNDAI I40**
 Place of Accident : **BISHAN ST 22 X ST 23**

OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO
 Insured Liability : % **Final ? Yes / No**

FBJ 3577G



INSRS: _____
 WSP: **sg qk**
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
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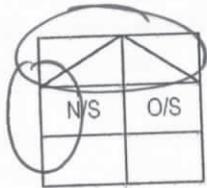
Date/ Time	SH 6387C - NA/MGA08010296/Gf1; DOA: 29.03.08 FBJ 3577G - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification 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"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Confirm with: _____	Confirm by: _____
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost:	S\$ _____ (_____ days) Reduction: _____ %	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 S/N No. : _____	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ _____		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ _____ (\$ _____ x days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$ _____	1) Claim status: Normal/Reject/Private Settle	
Medical:	S\$ _____	2) Report Format:	
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	3) Survey fee:	
Legal Cost	S\$ _____		
Total:	S\$ _____ Global Sum S\$:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		

REF:

ASS. REC. BY:

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 Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 5 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBS 3577G Yr Regn: 2014 April
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda CBR400 C.C 399
 Colour: Black A/C: Insured / Std / NI / NA
 Sp.Reading: 102774 T/Radio: Insured / Std / NI / NA
 Eng/No: NC47E1000661
 C/No: NC471000651
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 120 / 70 R 17
 R: 160 / 60 R 17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Bridgestone
 Front 3 mm R/Bal. 3 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 01/02/2020 D.O.I. 05/02/2020
 Survey held at SG 98 Manu AMK
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front 4 W/S Portion
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>First Capital SH 6387C</u>
	<u>MV 8K</u> <u>6558.25</u>
	<u>LIA 1.7K</u>
	<u>HL 6.3K</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:
Transportation:
S + RS. SI
Photos
Others
TOTAL

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

Report Format: _____

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