

INS. CASE OWNER: **JOANNE YONG**

CC4/FCI20002023/ **0 da3**

LKK:
IDAC:

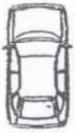
Surveyor: **RYAN**

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 :\$ \$ _____ 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 : _____
Liability : _____
RMKS: _____

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 checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input checked="" 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 checked="" 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: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	S\$ 4,800.00 (5 days) Reduction: 44 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 09/05/2020 Confirm with Linda	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 4,800.00 PIR AGAINST OID		
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 100.00 (\$ 20 x 5 days)		
Loss of Income (LOI):	S\$ - (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	<input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ -		
Medical:	S\$ -		
Disbursement:	S\$ 60.00 (e.g. Tow/ Independent)	1) Claim status: Normal Private/Dispute Settle	
Legal Cost	S\$ -	2) Report Format: TP	
Total:	S\$ 4,960.00 Global Sum S\$:	3) Survey fee: \$350	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ 4,960.00 Name 1: SG 98 Motor Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ Name 3: _____		