

INS. CASE OWNER: **MAY CHUA**

CC4/FCI20002475/E da3

LKK:
IDAC:

Surveyor: Steve

DOI: Assignment

Date / Time: 12/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8290J
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : _____ HP: _____
 Excess Sec II :\$ \$ _____ D.O.A : 02/02/2020 09:00
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : D20000947MFSH
 Policy No. : D-20094922MFSH
 Make / Model : _____
 Place of Accident : HILLCREST ARCADIA BASEMENT CARPARK
S(289849)

If NO, Driver Name / Age : _____
 Driver Tel No. : _____

(V/L: YES / NO)

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

SJU 3988B



INSRS:
WSP: **MOVA**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SH 8290J - CS/FCI18009359/Atd3n2; DOAI 20.05.18	Non-Reporting ltr (1st):	
- CC3/AIG13000781/H1h2a3q2; DOA: 10.01.13	Non-Reporting ltr (2nd):	
SJU 3988B - CC4/AXA14005630/Gjy3q2; DOA: 25.03.14	Non-Reporting ltr (Final):	
CV/DBS15002442/R1Kcd1	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:	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 type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" 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: _____	Confirm with: _____	Confirm by: _____
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost:	S\$ 2,560.00	(3 days) Reduction: 34 %		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>22/05/2020</u>	Confirm with <u>Suann</u>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>		If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S\$ 2,835.50			
Loss of Rental (LOR):	S\$ -	(_____ days)		
Loss of Use (LOU):	S\$ 440.00	(\$110 x 4 days)		
Loss of Income (LOI):	S\$ -	(\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	<input type="checkbox"/> LOR + LOU <input type="checkbox"/>	<input type="checkbox"/> LOR + LOI <input type="checkbox"/>		[Tick only one]
GIA/LTA Search	S\$ 7.49			
Medical:	S\$ -			1) Claim status: Normal
Disbursement:	S\$ -	(e.g. Tow/ Independent)		2) Report Format: <u>TP</u>
Legal Cost	S\$ -			3) Survey fee: <u>\$350</u>
Total:	S\$ 3,282.99	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\$ 3,282.99	Name 1: <u>MOVA Automotive Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		