

Surveyor:

DOI:

Date / Time : 13/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8416X

Claim No. : D20000957MFSH

X

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-18088936MFSH

Insured Tel No. : HP:

Make / Model : HYUNDAI I40

Excess Sec II : S\$ D.O.A : 10/02/2020 09:30

Place of Accident : NORTH BRIDGE ROAD X OPHIR ROAD

Is driver the owner? ( YES / ☒ ) Nature of Accident :

If NO, Driver Name / Age : LOH TOUR LEE

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

Driver Tel No. : +65-96589378 (V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SMM 5611G

INSRS:  
WSP: ~~AI LIM MOTOR~~  
Tel :  
Liability : N-51  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMM 5611G - X	Non-Reporting ltr (1st):	
	SHC 8416X CC3/CTI16017772/Ghg3n2 ; DOA : 16.9.16	Non-Reporting ltr (2nd):	
	CS/INC08031483/Ycz1 ; DOA : 27.11.18	Non-Reporting ltr (Final):	
	NS/INC14023422/H1qbk3 ; DOA : 17.12.14	Notification ltr (if non-pickup):	
	NS/INC16007492/H1qbn2 ; DOA : 21.4.16	Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

12/01/2021

SETTLED AND CLOSED / FILE IN DRAWER

<b>PRELIMINARY ADVICE</b> Date/Time:		Sent By:		Confirm by:	
Repair Cost: L/S S\$ 4,500.00 ( 6 days) Reduction: 54.84 %		Confirm with: MELODY		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: 12/01/2021		Confirm with: MELODY		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27				If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST) S\$ 4,815.00					
Loss of Rental (LOR)(W/GST) S\$ 642.00 ( 6 days) X \$100.00				OI rear-ended TP	
Loss of Use (LOU): S\$ 100.00 (\$ 50 x 2 days)					
Loss of Income (LOI): S\$ (\$ x days)					
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]					
GIA/LTA Search S\$ 7.45					
Medical: S\$				1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent )				2) Report Format: TP	
Legal Cost S\$				3) Survey fee: \$350.00	
<b>Total:</b> S\$ 5,564.45		<b>Global Sum S\$:</b> 5,550.00			
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 5,550.00		Name 1: N-51 AUTOMOTIVE PTE LTD			
Payee 2: (Strike if N.A.) S\$		Name 2:			
Payee 3: (Strike if N.A.) S\$		Name 3:			

ASS. REC. BY:

REF: FC1

## ASSIGNMENT

From: \_\_\_\_\_ Date: 19.2.2020

Estimated Cost: \_\_\_\_\_

OD TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: Smm 56116at Workshop m/s N-51of 2 Kari Bukit Ave 2 #01-17 Autobus

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS mp

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: Smm 56116 Yr Regn: 2019 / JulyType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Noah Hybrid c.c. 1797Colour: White A/C: Insured / Std / NI / NASp. Reading: 41775 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: ZWR800375019Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R16R: 185/65R16

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

TOYO / YOKO or Tourador

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. \_\_\_\_\_

D.O.I. 19/02/20Survey held at N51Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

TP 1st Cap

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Rep. Format: \_\_\_\_\_

Lump Sum / L.B.I. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL