15/5/2014			

INS. CASE OWNER

MAY CHUA

CC6/FCI20003257/Ah

LKK: IDAC:

\ba3q2
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Surveyor:	ADR

ADRIAN

DOI: 25/02/2020

Date / Time:

Registered in Merimen:

25/02/2020

Pre-assign / CCU / FTE

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SHC 8250G Insured Vehicle No.

Claim No.

COMFORT TRANSPORTATION PTE LTD Name of Insured

(YES / NO)

Policy No.

D20001519MFSH

Insured Tel No.

HP:

Make / Model

Place of Accident:

JUST B/F TRAFFIC JUNCTION OF

Excess Sec II:S\$ Is driver the owner? D.O.A: 11/02/2020 20:30

PASIR RIS DR 8/DR 3

If NO, Driver Name / Age:

Nature of Accident:

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: Final? Yes/No

SMM 6791M



INSRS: WSP: MG

Tel: SOLUTION

RMKS:

INSRS: WSP: Tel: Liability:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time				
	SMM 6791M - NBA/INC20002470/Y; 11	103/3030	STAGE	DATE / PIC
	NS/INC20002502/T1tf3e2	:11/02/2020	Non-Reporting ltr (1st):	Septiment Control of C
	SHC 8250G - CC3/FCI14004467/Ktm		Non-Reporting ltr (2nd)	
	CS/FCI14009602/T1tbk	3 ;16/05/2014	Non-Reporting ltr (Fina	1):
	NBA/INC20002470/Y;	11/02/2020	Notification ltr (if non-p	ickup):
	NS/INC20002502/T1tf3	e2; 11/02/2020	Call OI:	
			After call ltr to OI:	
			Documentation Check	List: Handler Typist
			Notification ltr (if non-p	ickup)
			After call ltr to OI:	
			Authorisation To Act:	∇
			Release Voucher:	V.
			Final Repair Bill:	
			Car Rental Invoice:	
23/07/2020	SETTLED AND CLOSE	-D	Towing Invoice	
20/01/2020	CETTEED THE CECCE		LTA / GIA :	
			Medical Bill:	
			PIR:	
			Mandate/Reject Instru	ction:
			LOD	ction.
			Payment Breakdown I	Form:
PRELIMINARY ADVICE	Date/Time: Sent By:		Post-Repair Photos:	
			Others:	
FINALIZATION	Date/Time: Confirm wit	h:	Confirm by:	
Repair Cost: L/S	S\$ 4,100.00 (6 days) Reduction:	56 %		nail Call
FINAL SETTLEMENT	Date/Time: 23/07/2020 Confirm with MS		Email Call	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N		If NO or B 28, Ass. Li	2.
Repair Cost: (W/GST)	ss 4.387.00	140	11 110 01 B 20, ASS. LI	a .
Loss of Rental (LOR):	S\$ (days)		OID CHANG	GEDIANE
Loss of Use (LOU):	s\$ 400.00 (\$ 50 x 8 days)		CIB CITATIO	JED 27 11 12
Loss of Income (LOI):	S\$, (\$ x days)			
OR only LOU only		k only one]		
GIA/LTA Search	ss 7.45	k omy onej		
Medical:	S\$ 7.45		1) Claim status: Norma	al/Reject/Private Cattle
Disbursement:	S\$ (e.g. Tow/ I	adapandent \	2) Report Format:	TP
egal Cost	S\$ (e.g. 10w/ ii	idependent)	3) Survey fee:	\$350.00
Cotal:	S\$ 4.794.45 Global Sum S\$:		J. J. Survey Ice.	φυυυ.υυ
FINAL PAYMENT	Date/Time: Confirm with:		Email Call	1
Payee 1:		SOLUTION F		
Payee 2: (Strike if N.A.)	S\$ Name 2:	COLUTION		
	1 TOLLING ALL			

A work your rest	(may)				T. 71	
ASSI	ď.	POLITICAL IN	%/E	84	Pall	B .
- B 1 71 1 B	4 E	1.7()	V.R.	R.	1.3	
of the part of the last		A 13				_

From:	Date:		Veh No:	SMM	6791M.	Yr Regn: _	2019	July.
Estimated Cos	t:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /					
OD/TP/WS/	TP RES / OD RES / EVA / INV / N	IV	Truck	/ Trailer or				
To Inspect Veh	nicle No:		Make:	Toyota	a Vios		c.c 149	16
at Workshop m	n/s		Colour	Bhe		A/C: Inst	ured / Std / I	NI/NA
of			Sp.Reading	3010	29.	T/Radio: Inst	ured / Std /	NI / NA
Insured:			Eng/No:					
Policy No.			C/No:	MRZ	B23F38	8440811C	381	
Claims No.			Gen. Cond.	Good) Fair /	Poor / Burnt			
Sum Insured:	Excess:		Steering: In6	rder / Jamm	ed / Leaked	Burnt or		
(Client's Rec	ord)		Brake: Ino	rder / Jamm	ed / Leaked	Burnt or		
Make of Veh:			Modi: Nil	+S/Rim / S	TD A/Rim or			
			Tyre Size:		185/6			
(Policy Cond	ition)			R:	185/1	50 PIS.		395
Remark: The v	veh had commenced its	N/S O/S	BS / DUN / E	XNOVA / G	Y / FS / LIZA	MIC / OHTSU /	PIR / SUMI	1/
гера	ir at the time of inspection.		TOYO / YO	KO or				
Bal. or Market	Value:		<u>Front</u>			Rear		
IDAC Accident	Rport: Consistent?: \	es or No	R/Bal. 0	6	mm	R/Bal.	06	mm
GIA / PR Se	en: Consistent?:	es or No	L/Bal. o	6	mm	L/Bal.	06	mm
Est. Repairs:	days Res.: Y	es or No	D.O.A.			D.O.I. 2	5/02/2	0
Lum Sum:	% 3 Val.: Y	es or No	*Survey held	at	MG	Solution		
CA / REV	/ REP. / 24 HRS	Valida IN COUT	Des. of Dam	ages : Frt /	Rear / O/S	NIS I UIC I	Rooftop or	
Date:	Person Contacted:	Vehicle: IN / OUT	The U/C	/ Chassis f	rame / Body	Structure affe	ected due to	collision.
Date / Time	Action / Instruction							
	TP 1st Cap.							
	1							
	M./							
	MV:							
	Nett:							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Dale/Time, File Pa	ess to? : Preli. Report		Days Of Re	pair:				
1)	: Final Report		Resurvey N	o, of Trip:		Survey Fee	:	
Date/Time, File R	eturn to?					Transportation		
2)		Add Fee	: Site	Insp (\$)8 + RS	_SI	
			: Inter	view (\$_) Pholos		
Report For	mat :		: Tech	n. Invs (\$) Others		
Lump Sum	/ LBJ: (3		: Wee	Fend (\$		1		
						TOTAL		