

INS. CASE OWNER:

CC4/FCI20004131/U da3

LKK:

IDAC:

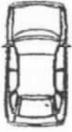
Surveyor: MARKUS

DOI: 17/03/2020

Date / Time : 17/03/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



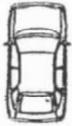
Insured Vehicle No. : SH 6447M
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 13/03/2020
 Is driver the owner? (YES / **NO**) Nature of Accident : _____

Claim No. : D20001487MFSH
 Policy No. : D-20094922MFSH
 Make / Model : HYUNDAI I40
 Place of Accident : SERANGOON ROAD

If **NO**, Driver Name / Age : SINNIAH MANOHARAN
 Driver Tel No. : 98459236 (V/L: YES / NO)

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

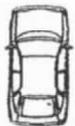
GBJ 3167G



INSRS:
 WSP: **AUTOMOBILE**
 Tel : **INTEGRATED**
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	STAGE	DATE / PIC
	GBJ 3167G - X	
	SH 6447M - CB/AIG09012386/h 14/04/2006	
	CC3/AIG10024733/Da2u2k2 06/12/2010	
	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"/>
	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 type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input 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"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	
Repair Cost: S\$ 2,000.00 (3 days) Reduction: 75 %	Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 11/05/2020	Confirm with Jacyne 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\$ 2,140.00		
Loss of Rental (LOR): S\$ - (days)		
Loss of Use (LOU): S\$ 360.00 (\$120 x 3 days)		
Loss of Income (LOI): S\$ - (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ -		
Medical: S\$ -	1) Claim status: Normal Report/Dispute/Partial	
Disbursement: S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S\$ -	3) Survey fee: \$350	
Total: S\$ 2,500.00	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 2,500.00	Name 1: Automobile Integrated Management Pte Ltd	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	