

Surveyor:

Marcus

DOI:

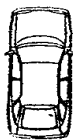
12/08/2021

Date / Time :

12/08/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4492L

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 06/08/2021

Place of Accident : _____

Is driver the owner? (YES / **NO**) Nature of Accident :

If **NO**, Driver Name / Age :

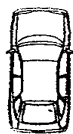
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

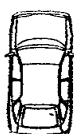
(V/L: **YES**/ NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Other		

FBQ 2470A



INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	FBQ 2470A : X		Non-Reporting ltr (1st):	
	SHA 4492L : CS3/III12015599/T1qk3 ; DOA : 08/08/2012		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)	☐ ☐
			After call ltr to OI:	☐ ☐
			Authorisation To Act:	☐ ☐
			Release Voucher:	☐ ☐
			Final Repair Bill:	☐ ☐
			Car Rental Invoice:	☐ ☐
			Towing Invoice	☐ ☐
			LTA / GIA :	☐ ☐
			Medical Bill:	☐ ☐
			PIR:	☐ ☐
			Mandate/Reject Instruction:	☐ ☐
			LOD	☐ ☐
			Payment Breakdown Form:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	CKS
Repair Cost:	L/S S\$ 2,750.00 (4 days) Reduction:	67 %	Email	☐ Call ☐
FINAL SETTLEMENT	Date/Time: 25.07.22	Confirm with JASON	Email	☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. :	NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	w/GST S\$ 2,942.50	OID CROSS THE STOP LINE AND HIT TP MAKING A R		
Loss of Rental (LOR):	S\$ - (days)			
Loss of Use (LOU):	S\$ 150.00 (\$ 30 x 5 days)			
Loss of Income (LOI):	S\$ - (\$ x days)			
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search	S\$ -			
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		
Total:	S\$ 3,092.50	Global Sum S\$:	3,090.00	
FINAL PAYMENT	Date/Time: 25.07.22	Confirm with: JASON	Email	☐ Call ☐
Payee 1:	S\$ 3,090.00	Name 1:	FASTECH AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		