

Surveyor:

Kenneth

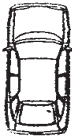
DOI:

11/11/2021

Date / Time : 11/11/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 2695X

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 09/11/2021

Place of Accident : _____

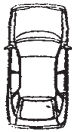
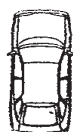
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SFY 300G

INSRS:
WSP: AUTOWORX
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SFY 300G : X	STAGE
	SHC 2695X : CS/III18015507/Gsbe2 ; DOA : 31/01/2018	DATE / PIC
		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) ☐ ☐
		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:
Repair Cost: LS	S\$ 17,500.00	(12 days) Reduction: 17630.40 % 44
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with Xavier
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28
Repair Cost:	S\$ 17,500.00	If NO or B 28, Ass. Lia : 100%
Loss of Rental (LOR):	S\$ 2,100.00	(21 days) x \$100 max 21 days
Loss of Use (LOU):	S\$ (\$ x days)	C.C (OI LAST)
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☒ LOU only ☐	LOR + LOU ☐	[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
Total:	S\$ 19,607.45	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$	Name 1: AUTOWORX HOUSE
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: