15/5/2010

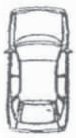
INS. CASE OWNER: SHERINI | CC4/III19017767/Dga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 08/10/19 Date / Time : 08/10/2019

Registered in Merimen: 08/10/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 6762D Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : MCOM0015

Insured Tel No. : HP: Make / Model : MERCEDES-BENZ E220

Excess Sec II :S$ D.O.A : 06/10/2019 20:30 Place of Accident : CEYLON LANE X JUNCTION ONAN RD

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

If **NO**, Driver Name / Age : LER HOCK HAI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-97695971 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHD 3462P → → →

INSRS:
WSP: CHUNNI
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 6762D - CC4/III18004847/Uhb3q2; DOA: 11/3/18
	SHD 3462P - NS/INC11015013/H1fk3; DOA: 24/7/11

STAGE	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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$	(days) Reduction: %	Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$	($ x days)	
LOR only ☐	LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**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:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: REF:

ASSIGNMENT

COE Aug 2024

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 10 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHD 3462P Yr Regn: 2016 / Aug

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai i40 c.c 1685

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 448000 T/Radio: Insured / Std / NI / NA

Eng/No: D4FDGU668603

C/No: KMHLB41UMGU093323

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: 〃

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Hankook

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	06/10/2019	D.O.I.	08/10/2019

Survey held at Chunni AMK

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S Front & N/S Bdy & N/S Rear

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

Date / Time	Action / Instruction
	TPI — SHD 6762D

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weel end ($)

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:	
Transportation:	
$ + RS $ SI	
Photos	
Others	
TOTAL	