

INS. CASE OWNER: DANIEL POOI

CC6/III19018574/Uga3

LKK:

IDAC:

ASSIGNMENT

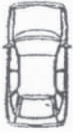
Surveyor: MARCUS

DOI: 21/10/2019

Date / Time : 21/10/2019

Registered in Merimen: 21/10/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1584P

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : MCOM0015

Insured Tel No. : HP:

Make / Model : HYUNDAI SONATA

Excess Sec II :S\$

D.O.A : 18/10/2019 19:40

Place of Accident : C/PARK OF BLK 66 TOA PAYOH LOR 4

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

If NO, Driver Name / Age : LOW YOKE JUI STEVEN

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

Driver Tel No. : +65-97627079 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SKF 2612J

INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKF 2612J - NA/INC16024601/r3; DOAI 27/12/16	Non-Reporting ltr (1st):	
	- CV1/VAL15022114/Cq; DOA: 10/12/15	Non-Reporting ltr (2nd):	
	SHC 1584P - CS/INC08029308/Scz1; DOA: 18/10/2008	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:	Post-Repair Photos:	☐	☐
				Others:	☐	☐
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:				

(08/11/13) wef

ASS. REC. BY: *Marcus*

REF:

111 / 18574 (Mg)
ASSIGNMENT

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.

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

N/S	O/S

Veh No:

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

Truck / Trailer or *Car*

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

BS / DUN / EXNOVA / *GY* / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

☐

: Preli. Report

☐

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

: S + RS, SI

: Photos

: Others

TOTAL