15/5/2010

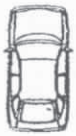
INS. CASE OWNER: DANIEL POOI | CC4/III19019638/Dga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 06.11.2019 Date / Time : 06.11.2019

Registered in Merimen: 06.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8244A Claim No. :

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

Insured Tel No. : HP: Make / Model : HYUNDAI I40

Excess Sec II :S$ D.O.A : 05.11.2019 Place of Accident : EU TONG SEN ST TOWARDS RIVER VALLEY RD

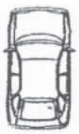
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : YEO CHEE BENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

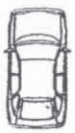
Driver Tel No. : +65-96325621 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHA 8152S → → →

INSRS:
WSP: CHUNNI
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 8152S - CC3/AIG18010151/K1ea3; DOA: 02.06.18
	SHC 8244A - CC4/III19012869/Awb3; DOA : 18.07.19
	- NS/INC13001037/H1qn; DOA:11.01.13

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: L/S S$ 9900.00 (8 days) Reduction: 10,679.60 % 52 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 26/08/2020 Confirm with WILLIAM Email ☑ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 11C If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S$ 9095.00 (III'S INSTRUCTION)

Loss of Rental (LOR): S$ 935.60 (8 days) x $116.95

Loss of Use (LOU): S$ ($ x days)

Loss of Income (LOI): S$ 320.00 ($ 40 x 8 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: TP

Legal Cost S$ 3) Survey fee: $600.00

Total: S$ 10,350.60 **Global Sum S$:** 10,350.00

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 10,350.00	Name 1:	Chunni Motor Work Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: | REF: 12638/Rg

ASSIGNMENT

OD Nov 2023

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.

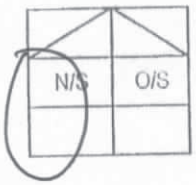
Sum Insured: Excess:

(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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 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: SHA 8152S Yr Regn: 2015/Nov

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

Make: Hyundai I40 c.c 1685

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

Sp.Reading 660064 T/Radio: Insured / Std / NI / NA

Eng/No: D4FDGU621041

C/No: KMHLB41UMGU079796

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: 205/60 R16

R: 11

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

Front		Rear	
R/Bal.	S mm	R/Bal.	S mm
L/Bal.	S mm	L/Bal.	S mm
D.O.A.	05/11/2019	D.O.I.	06/11/2019

Survey held at Chunni AMK

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

N/S Body & N/S Rear

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

Date / Time	Action / Instruction
	TTI SHC 8244A

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 ($)

☐ : Weekend ($)

Rep Format :

Lump Sum / I.P.I: (%)

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

TOTAL