15/5/2010

INS. CASE OWNER: SUNDARI | CC6/III19020157/Upa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 13/11/2019 Date / Time : 13/11/2019

Registered in Merimen: 13/11/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 4093E Claim No. :

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

Insured Tel No. : HP: Make / Model : HYUNDAI IONIQ HYBRID

Excess Sec II :S$ D.O.A : 12/11/2019 Place of Accident : KAMPONG BAHRU X JUNCTION MT FABER

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

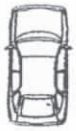
If **NO**, Driver Name / Age : FONG TUCK WOH ALAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96872563 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLC 6948T → → →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLC 6948T - CC3/QBE19004059/K1eb3q2; DOA: 28/2/19
	SHA 4093E NA/QBE19020102/h4; DOA: 12.11.19
	- NS/INC14020070/H1gbd1; DOA: 22.10.14
	- NA/INC14019955/d2; DOA: 22.10.14

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:	

Ref: 111

ASS. REC. BY: Marcus P

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TPFWS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLC6948T

at Workshop m/s Choo auto-

of

Insured: SHA4093C

Policy No.

Claims No.

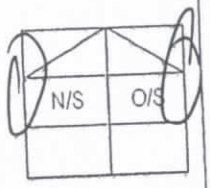
Sum Insured: Excess:

(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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLC6948T Yr Regn: 24/5/16

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

Truck / Trailer or CA1

Make: Hyundai Elantra c.c 1591

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

Sp.Reading 82089 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHD84CMHU143272

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ~~Inorder / Jammed / Leaked / Burnt~~ or ok

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R:

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

TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	12/11/18	D.O.I.	13/11/18

Survey held at

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

O/S Body & A/S u/c

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

Date / Time	Action / Instruction
	LYA 42316 hauling

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. :