

INS. CASE OWNER:

SHERINI

CC4/III19020166/Kpa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

12/11/2019

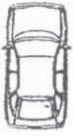
Date / Time :

12.11.2019

Registered in Merimen:

13.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4162Z

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 : 10/11/2019 20:25

Place of Accident :

OPEN AIR CAR PARK BLK 795A.

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age : RICHARD LIM EE CHUANG

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

Driver Tel No. : +65-82666696

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SMF 4938H

INSRS:
WSP: T & B
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SMF 4938H - X	Non-Reporting ltr (1st):	
SHD 4162Z - CC4/III18018064/Ufa3q2; DOA: 28.09.2018	Non-Reporting ltr (2nd):	
- CC3/III15018734/Rua3s2; DOA: 03.11.2015	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: TU /20166/14Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s T&B

of _____

Insured: _____

Policy No. _____

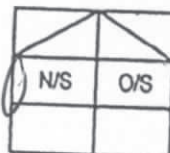
Claims No. _____

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: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMK 4938H Yr Regn: 11, 18Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toy Pro c.c. 1797Colour: M.P. White A/C: Insured / Std / NI / NASp. Reading: 106830 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZVW 50 6737735Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/60R16

R: _____

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

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 10/11/19

Survey held at _____

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop orRear N/S done

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

Date / Time

Action / Instruction

1/ File pass to
EN not ready

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S - RS. SI

Finites

Others

TOTAL

Report Format :

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