

INS. CASE OWNER:

AIDA

CC3/III19020169/Kga3

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. : <u>SHC 3401X</u>	Claim No. : _____
	Name of Insured : <u>COMFORT TRANSPORTATION PTE LTD</u>	Policy No. : <u>MCOM0015</u>
	Insured Tel No. : _____ HP: _____	Make / Model : <u>HYUNDAI IONIQ HYBRID</u>
	Excess Sec II :S\$ _____ D.O.A : <u>08/11/2019 19:20</u>	Place of Accident : <u>LANE 1 ECP TWDS CITY BEFORE BAYSHORE EXIT</u>
	Is driver the owner? (YES / NO) Nature of Accident : _____	
	If NO, Driver Name / Age : <u>GOH CHOON KHERN</u>	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
	Driver Tel No. : <u>+65-97414606</u> (V/L: YES / NO)	Insured Liability : % Final ? Yes / No

SHD 5560B

	INSRS: WSP:TRANS-CAB Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:
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Date/ Time	STAGE	DATE / PIC
	SHD 5560B - CC3/TMI17006126/Ktbn2; DOA:27.3.17	
	SHC 3401X - CC3/TMI18015483/K1td3n2; DOA: 23.08.18	
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: P/P S\$ 7849.40 (7 days) Reduction: 31,455.35 % 80 Email Call

FINAL SETTLEMENT Date/Time: 22/07/2020 Confirm with WAI YIN Email Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 8398.86	
Loss of Rental (LOR):	S\$ 1134.00 (10 days) x \$113.40	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ 400.00 (\$ 40 x 10 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]	
GIA/LTA Search	S\$	
Medical:	S\$	1) Claim status: <input type="checkbox"/> Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$	3) Survey fee: \$600.00
Total:	S\$ 9932.86	Global Sum S\$: 9900.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1:	S\$ 9900.00	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

ASS. REC. BY:

REF:

TU / 20169/169

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

Insured: _____

Policy No. _____

Claims No. _____

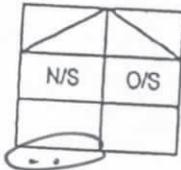
Sum Insured: _____ Excess: _____

(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: 07 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S110 3560B Yr Regn: 11, 18
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toy Prius c.c. 1798

Colour M.P. White Red A/C: Insured / Std / NI / NA

Sp. Reading 80052 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDK1331-45030 76908

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: Citi 195/65R15
R: G4

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

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 8/11/19

Rear

R/Bal. 5 mm

L/Bal. 5 mm

D.O.I. 12/11/19

Survey held at _____

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

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

Date / Time Action / Instruction

1 / File pass to

Date/Time, File Pass to?

: Prell. Report
 : Final Report

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation: _____
S + RS. SI

Fuel: _____

Others: _____

TOTAL

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

1)

Date/Time, File Return to?

2)

Report Format :

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