

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: <u>TRANS-CAB</u> 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"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: S\$ _____	(_____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[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 <input type="checkbox"/> Call <input type="checkbox"/>
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 / 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. _____

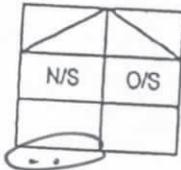
Sum Insured: _____ Excess: _____

(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 Rear R/Bal. 5 mm

L/Bal. 9 mm L/Bal. 5 mm

D.O.A. 8/11/19 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
/	File pass to

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

1) Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trlp: _____

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

Survey Fee:	
Transportation:	
S + RS. SI	
Fuel	
Others	
TOTAL	

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