

INS. CASE OWNER:

PRIYA

CC6/III19021008/Kpa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

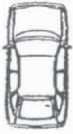
KENNETH

DOI: 26.11.2019

Date / Time : 26.11.2019

Registered in Merimen: 27.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7855D

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 : 21/11/2019 17:45

Place of Accident : NEW BRIDGE RD TWDS SOUTH BRIDGE RD

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

If NO, Driver Name / Age : PHUA SEE LAM

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

Driver Tel No. : +65-93589456 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLK 1588P

INSRS:
WSP: HUI YANG
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLK 1588P - CC4/AIG19009553/Kda3q2; DOA: 28.5.19	Non-Reporting ltr (1st):	
	- NA/AIG19009484/h4; DOA: 28.5.19	Non-Reporting ltr (2nd):	
	- NA/MSG19012898/h4; DOA: 22.7.19	Non-Reporting ltr (Final):	
	SHA 7855D - X	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:
Repair Cost:	S\$	(days) Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	Email ☐ Call ☐
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\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
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: TV / W081/4Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s 1 Kai Yang

of _____

Insured: _____

Policy No. _____

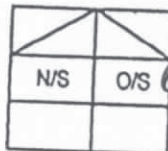
Claims No. _____

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: 01 days Res.: Yes or NoLum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLK 1588P Yr Regn: 01, 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Ty Pms c.c. 1797Colour: M. P. White A/C: Insured / Std / NI / NASp. Reading: 352215 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ARA-ZVW50 6015866Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: F: APms 195/65R15R: AsndpBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 21/11/19

Survey held at _____

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 26/11/19Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orFor O/S down mirror

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

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____
\$ + RS. \$

Fees

Others

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

TOTAL

Report Format :

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