

ASSIGNMENT

Surveyor:

KENNETH

DOI: 28.11.2019

Date / Time : 28.11.2019

Registered in Merimen: 29.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7255T

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : MCOM0015

Insured Tel No. : HP: _____

Make / Model : TOYOTA PRIUS

Excess Sec II :S\$

D.O.A : 27/11/2019 11:30

Place of Accident : AIRPORT BOULEVARD TWDS CITY

Is driver the owner? (YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age : LUM NGOON YAN (LIN YUANYING)

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

Driver Tel No. : +65-98889881

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHC 5941R

INSRS:
WSP: TRANS-CAB

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

Date/ Time	SH 7255T - CC3/AIG14001739/H1ra3w2; DOA: 25.1.14	SHC 5941R- CC3/FCI15020567/Ktbc2; DOA: 26.11.15	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: L/S	S\$ 4100.00 (4 days) Reduction: 51,078.91 % 92		Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 14/07/2020	Confirm with WAI YIN	Email ☒	Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 4387.00			
Loss of Rental (LOR):	S\$ 735.84 (6 days) x \$122.64			
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: TP	
Legal Cost	S\$		3) Survey fee: \$600.00	
Total:	S\$ 5122.84	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ 5122.84	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: TH /2031/19

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

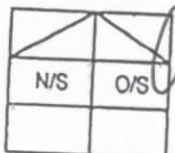
Sum Insured: _____

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: _____

04 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: S11C5941RYr Regn: 01, 15

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

Truck / Traller or _____

Make: Renault Latitude1995Colour M. White / R

A/C: Insured / Std / NI / NA

Sp. Reading 481210

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIABLI5AUC 281234Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NTL / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

Front

Rear

R/Bal. P mmR/Bal. P mmL/Bal. P mmL/Bal. P mmD.O.A. 27/11/19D.O.I. 28/11/19

Survey held at _____

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

O/S R & U/C

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

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS. \$

Fees

Others

TOTAL

Report Format :

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