15/5/2010

INS. CASE OWNER: CC 4 /AIG190 21546 / F kq3

LKK:

IDAC:

ASSIGNMENT

Surveyor: RAM

DOI: 6/12/19

Date / Time : 5/12/19

Registered in Merimen: 6/12/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SCP9033B

Name of Insured : Soe Win @ Taw Pein An

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

D.O.A : 05/12/19

Place of Accident :

Nature of Accident :

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

Insured Liability : % **Final ? Yes / No**

SHC 8506U →

INSRS:
WSP: Comfort Delgro
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC8506U – CS/FC1700367F/Avbn2 DOA 20/02/2017
	– CS/FC1700483Z/h3 DOA 20/03/2017
	– CS/FC1701777/Krbn2 DOA 4/09/2017
	– CS/FC1901117Z/Plqd3n2 DOA 18/06/2019
	SCP9033B – X
17/12/19	O/INP - to send 1st letter
9/1/2020 –	✓ OI GIA Rec'd

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:	6/2/2020 e-mail only

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: 11P S$ 440 (2 days) Reduction: 73 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 6/5/2020 Confirm with KOMOLI Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 470.80	
Loss of Rental (LOR):	S$ 281.68 (2.5 days) X $112.67	
Loss of Use (LOU):	S$ - ($ - x - days)	
Loss of Income (LOI):	S$ 125 ($ 50 x 2.5 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ✓ [Tick only one]	
GIA/LTA Search	S$ 7.99	
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: $320
Total:	**S$ 884.97** **Global Sum S$:** 850	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Cal ☐

Payee 1:	S$ 850	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

REC. BY: Ram | REF: AIG

ASSIGNMENT

From: | Date: 06/12/19

Estimated Cost:

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

To Inspect Vehicle No: SHC 8506U

at Workshop m/s COGE

of Loyang

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh: Juniali

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: | Consistent? : Yes or No

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

Est. Repairs: 2 days | Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SHC 8506U | Yr Regn: 07/01 / 2016

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

Truck / Trailer or

Make: Hyundai i40 | c.c 1685

Colour blue | A/C: Insured / Std / NI / NA

Sp.Reading 62276 | T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: KMHLBA1UMGU08351*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or WESTLAKE

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	05/12/2019	D.O.I.	6/12/19

Survey held at comfortdelgo (Loyang)

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

rear

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

Date / Time	Action / Instruction
	(P/P 440 | Red $1,199.54 | 73%) AIG
	2 days + 1 Sunday = 3 days

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Report Format :

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

Survey Fee:	
Transportation:	
$ + RS. $	
Photos	
Others	
TOTAL	