

INS. CASE OWNER:

SUNDARI

~~CC4/III19022180/R1pa3~~

IDAC:

ASSIGNMENT

Surveyor:

RASUL

DOI: 16/12/2019

Date / Time: 16/12/2019

Registered in Merimen: 17/12/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3623S

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 : 12/12/2019

Place of Accident :

NEWTON CIRCUS

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

LIM MING KENG

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

Driver Tel No. :

+65-93847388 (V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHA 1576Z



INSRS:

WSP: CHUNNI

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 1576Z - CC3/AXA11008282/H1q1dc1; DIA : 03.05.11	Non-Reporting ltr (1st):	
	SHD 3623S - CC4/III19011478/T1gb3; DOA: 26.6.19	Non-Reporting ltr (2nd):	
	- NS/INC19018112/Fsf3e2 ; DOA : 14.10.19	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
08/04/2022	*No Response from TP. *Submit WP Report to III.	Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:		Confirm by:
FINALIZATION		Date/Time:	Confirm with:		Confirm by:
Repair Cost:	L/sum	S\$ 4,650.00	(8 days)	Reduction: 62 %	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\$				
Disbursement:	S\$	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle/WP	
Legal Cost	S\$			2) Report Format: TP	
Total:	S\$	Global Sum S\$:		3) Survey fee: \$350.00	
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: PetruREF: IIImsi / PIP 821R

ASSIGNMENT

From: _____

Date: 16.12.2019

Estimated Cost: _____

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

To Inspect Vehicle No: SHA 1576Zat Workshop m/s AMK Autopointof Soon Hock Motor #101-05106

Insured: _____

Policy No. _____

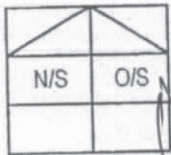
Claims No. _____

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: _____ 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: SHA 1576ZYr Regn: 2015 / mayType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai I40 1.7L C.C. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 63370 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMFuo 68829Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or

WESTLAK

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 12/12/19D.O.I. 16/12/19

Survey held at _____

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

O/S REAR

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Rep. Form: _____

Lump Sum / L.B.L. / % _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. SI _____

Photos _____

Others _____

TOTAL