

INS. CASE OWNER:

SUNDARI

CC4/III19022180/R1pa3

LKK:

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	SHA 1576Z - CC3/AXA11008282/H1q1dc1; DIA : 03.05.11 SHD 3623S - CC4/III19011478/T1gb3; DOA: 26.6.19 - NS/INC19018112/Fsf3e2 ; DOA : 14.10.19		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:	S\$	(days) Reduction:	%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐	
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 ☐ 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:	
Legal Cost	S\$	3) Survey fee:		
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
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:

III

msi / 1418 821R

ASSIGNMENT

From:

Date:

16.12.2019

Estimated Cost:

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

To Inspect Vehicle No:

SHA 1576Z

at Workshop m/s

AMK Autopoint

of

Svon Hook motor #101-05106

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

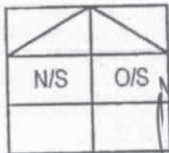
(Client's Record)

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 1576Z

Yr Regn:

2015 / may

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

Truck / Trailer or

Make:

HYUNDAI I40 1.7L

C.C

1685

Colour

BLUE

A/C: Insured / Std / NI / NA

Sp. Reading

633320

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH LB41UMFU0 68829

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / 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

WESTLAK

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

12/12/19

D.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