15/5/2010

INS. CASE OWNER: PRIYA

CC4/III19022371/R1ga3

LKK:

IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 10/02/2020 Date / Time : 19/12/2019

Registered in Merimen: /12/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 7995H Claim No. : MCT19110641

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 : 25/11/2019 Place of Accident : PAYA LEBAR RD TURN LEFT TO KIM CHUAN RD

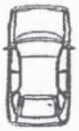
Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : TEO KOK POO OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMH 2820R → → →

INSRS:
WSP: DIPLOMAT
Tel : PARTS
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMH 2820R - X
	SHA 7995H - CC4/III19018815/Dpa3; DOA:22.10.19
	- NS/INC12010159/H1y1n; DOA: 19.5.12

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: P/P S$ 3744.00 (5 days) Reduction: 3214.00 % 46 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 31/08/2020 Confirm with LARRY Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 4006.08	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 350.00 ($ 50 x 7 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: $350.00
Total:	S$ 4356.08 **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 4356.08	Name 1:	DIPLOMAT PARTS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Rasul | REF: TT | VVM | 307R

ASSIGNMENT

From: | Date: 10.2.2020

Estimated Cost:

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

To Inspect Vehicle No: SMH 2820R

at Workshop m/s Cycle & Carriage

of 209 Pandan Gardens

Insured: III

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh: Ctct Kevin: 81680997

(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: days | Res.: Yes or No

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

CA / REV / REP. / 24 HRS (NP)

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SMH 2820R | Yr Regn: 2016 / SGP

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

Make: Honda Vezel 1.5X CVT | c.c 1496

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

Sp.Reading 081076 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RU1204580

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: 215/55R17

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 28/11/19 | D.O.I. 10/02/2020

Survey held at CYCLE & CARRIAGE (PGT)

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

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

Date / Time	Action / Instruction

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 ($) ☐ : Wee Lend ($)

Report Format :

Lump Sum / I.B.I: (S

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Others	
TOTAL	