

INS. CASE OWNER:

AIDA

CC4/III20000044/Dpa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: BRYAN

DOI: 03/01/2020

Date / Time : 02/01/2020

Registered in Merimen: 02/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7671A
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : HP: _____
 Excess Sec II : S\$ _____ D.O.A : 29/12/2019 04:30
 Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

Claim No. : _____ X
 Policy No. : MCOM0015
 Make / Model : TOYOTA PRIUS
 Place of Accident : VICTORIA ST X JUNCTION ROCHOR RD

If NO, Driver Name / Age : HO JOO SIONG

Driver Tel No. : +65-91552354 (V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SMF 3884K



INSRS:
 WSP: REVOL CARZ
 Tel : GARAGE
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	STAGE	DATE / PIC
	SMF 3884K - X	
	SH 7671A - CC3/AIG18010569/K1jb3q2; DOA: 8.6.18	
	- CC3/III16010494/Kea3q2-1; DOA: 21.05.16	
	- CC4/III16015714/K1wg3n2; DOA: 20.08.16	
	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\$		1) Claim status: Normal/Reject/Private Settle
Medical: S\$	(e.g. Tow/ Independent)	2) Report Format:
Disbursement: S\$		3) Survey fee:
Legal Cost S\$		
Total: S\$	Global Sum S\$:	Email ☐ Call ☐
FINAL PAYMENT Date/Time:	Confirm with:	
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:

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.

☒	☐
N/S	O/S
☐	☐

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 10 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMF 3884K Yr Regn: May, 2012

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

Truck / Trailer or

Make: Audi S5 Coupe C.C. 2995

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 108906 T/Radio: Insured / Std / NI / NA

Eng/No: CGW043689

C/No: WAUZZZ8T5C-A047892

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: 255/35 R19

R: — 11 —

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

TOYO / YOKO or Goodyear

Front Rear

R/Bal. S mm R/Bal. S mm

L/Bal. S mm L/Bal. S mm

D.O.A. 29/12/2019 D.O.I. 03/01/2020

Survey held at Revol Carz AMK

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

N/S Rnd

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

Date / Time	Action / Instruction
	III SH 7671A
	Workshop will do DS for this case.
	LTA 80K (using 18K dep/yr X 28 mths plus PRRP)
	MV 60.9K
	NL 19K

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / L.B. / _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL