

ASSIGNMENT

Surveyor:

BRYAN

DOI: 24/12/2019

Date / Time : 26/12/2019 (FROM FCI)

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6470U

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S\$

D.O.A : 18/12/2019

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age : LOW NAM CHEE

Driver Tel No. : +65-90269770

(V/L: YES / NO)

Claim No. : D19008103MFSH

Policy No. : D-19092580MFSH

Make / Model : TOYOTA PRIUS

Place of Accident : ALONG ALEXANDRA RD TOWARDS TELOK
BLANGAH RD

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

Insured Liability : % Final ? Yes / No

SHB 3234S

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
	SH6470U - NS/INC19014744/K1tf3e2; DOA: 20.08.2019	Non-Reporting ltr (1st):	
	SHB 3234S - CC4/AXA10019893/Gq1f2n; DOA:04.10.10	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:

ASSIGNMENT

06 June 2027

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: 9 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 32348 Yr Regn: June 2019

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

Truck / Trailer or

Make: Hyundai Ioniq C.C. 1580Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 99983 T/Radio: Insured / Std / NI / NAEng/No: G4LEKU296099C/No: KMHCG51CV Ku164433Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15R: — " —

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

TOYO / YOKO or

Davanti

Front

Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 18/12/2019 D.O.I. 24/12/2019Survey held at Chunni AMC

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

Front

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

Date / Time

Action / Instruction

First Capital SH 6470 U

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Rep. Form:

Lump Sum / L.B. / %

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL