

INS. CASE OWNER: JOANNE YONG

CC4/FCI20000108/Dea3

LKK:

IDAC:

ASSIGNMENT

Surveyor: BRYAN

DOI: 30/12/2019

Date / Time : 30/12/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 6387P

Claim No. : D20000040MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-19092580MFSH

Insured Tel No. : _____ HP: _____

Make / Model : MERCEDES-BENZ

Excess Sec II :S\$

D.O.A : 23/12/2019 06:00

Place of Accident : MERCHANT RD X NEW BRIDGE RD

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

If NO, Driver Name / Age : KOK CHEA HENG

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

Driver Tel No. : +65-83324941 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHA 9104A

INSRS:
WSP: CHUNNI
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHB6387P - NS/INC19014115/K1yf3n2; DOA: 12.8.19	STAGE
	- CS/FCI18002103/Urd3n2; DOA: 31.01.18	DATE / PIC
	SHA 9104A - CC3/III18004032/Kma3; DOA: 27/02/18	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$ (days) Reduction: %	Confirm by: Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	Email ☐ Call ☐
Repair Cost:	S\$	If NO or B 28, Ass. Lia :
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

COE 2025 Aug

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.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 12 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: SHA 9104A Yr Regn: 2017 AugType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: N.A. T/Radio: Insured / Std / NI / NAEng/No: 2ZR8055779C/No: JTDKB3FU003561196Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre 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. 23/12/2019 D.O.I. 30/12/2019Survey held at Chunni AMK

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 SHB 6387P

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Form: _____

Lump Sum / L.E.I. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL