15/5/2018

INS. CASE OWNER: KAREN TAN | CC4/FCI20000130/T1ba3q2 ~~CC4/FCI20000130/T1ha3~~ | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 02/01/2020 Date / Time : 31/12/2019

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 3576U | Claim No. : D20000062MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD | Policy No. : D-19092580MFSH

Insured Tel No. : HP: | Make / Model : HYUNDAI I40

Excess Sec II :S$ D.O.A : 27/12/2019 17:50 | Place of Accident : NEW UPP CHANGI RD BLK 27/28

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

If NO, Driver Name / Age : LIM AH SAI | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-97387264 (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SLD 1710P → → →

INSRS:
WSP: RICO 60
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLD 1710P - X
	SHD 3576U - CS3/FCI18023277/Bcd3s2; DOA: 24.12.18
	- CC4/AIG18023185/Dkb3q2; DOA: 24.12.18
29/12/2020	SUBMIT WP REPORT TO FCI

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 L/S(Repair Limit)	S$ 2,000.00	(4 days) Reduction:	95 %	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~~	WP
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S$		3) Survey fee:	$580.00
Total:	S$	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: Taufik | REF: FCI

ASSIGNMENT

COE 2021 June.

From: | Date: 2.1.2020

Estimated Cost:

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

To Inspect Vehicle No: SLD 1710P

at Workshop m/s Rico 60

of 8 Kaki Bukit Ave 4 #02-24 Primier

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: $9000.

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 resp?

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SLD1710P | Yr Regn: 2006 / July

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

Make: Nissan Cefiro | c.c 1498

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

Sp.Reading 181710 | T/Radio: Insured / Std / NI / NA

Eng/No.

C/No: JN1BAAC11Z000 13 10.

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: 185/65R15

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	02/01/2007

Survey held at Rico 60.

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

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

Date / Time	Action / Instruction
	Repair limit $2000

L/S(Repair Limit) = $2000.00
R = $38,045.90 / 95%)

Date/Time, File Pass to? 1) ☐ : Prell. Report ☐ : Final Report

Date/Time, File Return to? 2)

Report Format :

Lump Sum / I.B.I: @

Days Of Repair:

Resurvey No. of Trip: 3

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

Survey Fee:	$620.00
Transportation:	$150.00
S + RS, SI	
Photos	$57.00
T	$827.00

580
857
31/12/20