15/5/2010

INS. CASE OWNER: **KAREN TAN** | **CC4/FCI20000196/Kka3**

LKK:
IDAC:

ASSIGNMENT

Surveyor: **KENNETH**   DOI: 06/01/2020   Date / Time: 27/12/2019

Registered in Merimen: ____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SH 8816T**	Claim No. : **D20000012MFSH**
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 : 23/12/2019 18:45	Place of Accident : **CENTRAL SVC RD**

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

If **NO**, Driver Name / Age : **PANG CHONG ENG**

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

Driver Tel No. : **+65-82330019**   (V/L: YES / NO)   Insured Liability : ____ %   **Final ? Yes / No**

SKV 9333J ⟶   ⟶   ⟶   ⟶

| INSRS: WSP: **CITY AUTO** Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: |

Date/ Time	SKV8816T - X	STAGE	DATE / PIC
	SH 8816T - CS/FCI16020167/R1tbm2; DOA: 18.10.2016	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: ____   Email ☐ Call ☐

Repair Cost: S$ ____ (____ days) Reduction: ____ %

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:

ASSIGNMENT

From: Date: 6/01/2019

Estimated Cost:

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

To Inspect Vehicle No: SKV 9333J

at Workshop m/s City Auto

of 160 Sin Ming Drive #05-01

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: After 10am

(Policy Condition)

Remark: **The veh had commenced its**
repair at the time of inspection.

Bal. or Market Value: $ 59k

IDAC Accident Rport: Consistent? : **Yes** or **No**

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

Est. Repairs: 04 days Res.: **Yes** or **No**

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

(DS)

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SKV 9333J **Yr Regn:** 10, 15

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

Make: Toy Attis c.c 1598

Colour M. Silve **A/C:** Insured / Std / NI / NA

Sp.Reading 58701 **T/Radio:** Insured / Std / NI / NA

Eng/No:

C/No: MR053REH104536808

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: 205/55R16

R:

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A. 23/12/19		D.O.I. 6/1/2020	

'Survey held at

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

O/S Rear

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

Date / Time	Action / Instruction
7/1	LiSup @ 1100 email

Date/Time, File Pass to? ☐ : **Preli. Report**

1) ☐ : **Final Report**

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.F: ($)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) __S ÷ RS.__ SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Survey Fee:

Transportation:

TOTAL