

Surveyor:

BRYAN

DOI:

ASSIGNMENT

06/01/2020

Date / Time : 06.01.2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7856J

Claim No. : D20000120MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-18088936MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI SONATA

Excess Sec II :S\$ _____ D.O.A : 30/12/2019 20:30

Place of Accident : GEYLANG ROAD

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

If NO, Driver Name / Age : TEO BOON HWEE

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

Driver Tel No. : +65-98457758 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHC 1645Y

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

Date/ Time	STAGE		DATE / PIC
SH7856J - CS/FCI18005685/Kqd3n2; DOA:24.3.18	Non-Reporting ltr (1st):		
- NS/INC14016231/H1qm3c3; DOA: 23.8.14	Non-Reporting ltr (2nd):		
SHC1645Y - CC6/III16010598/R1ha3n2; DOA: 29.5.16	Non-Reporting ltr (Final):		
- CC6/III15004237/Rza3s2; DOA: 6.3.15	Notification ltr (if non-pickup):		
	Call OI:		
	After call ltr to OI:		
	Documentation Check List:		
	Notification ltr (if non-pickup)	Handler	Typist
	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:		Post-Repair Photos: ☐
			Others: ☐
FINALIZATION Date/Time:	Confirm with:		Confirm by:
Repair Cost: L/S S\$ 4,750 (4 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\$			KAREN(FCI) - SUBMIT WP
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: WP
Legal Cost S\$			3) Survey fee: \$373
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

COB 2027 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:

4

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 1645 Y

Yr Regn:

2019 Aug

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

Truck / Trailer or

Make:

Hyundai Ioniq

C.C

1580

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

87035

T/Radio: Insured / Std / NI / NA

Eng/No:

G4LEKU301100

C/No:

KMHC851CV KU165161

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:

195 / 65 R15

R:

— 11 —

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

TOYO / YOKO or

DeVanti

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

30/12/2019

D.O.I.

06/01/2020

Survey held at

Chunni AMK

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

N/S Brnt

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

Date / Time

Action / Instruction

First Capital SH7856J

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B. / C.

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

\$350

Transportation:

\$ + RS. SI

Photos

88

Others

TOTAL