CC6/III20000765/Upa3

~~CC6/AIG20000765/Uca3~~

15/5/2010

INS. CASE OWNER: AIDA

LKK:

IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 13/01/2020 Date / Time : 13/01/2020

Registered in Merimen: 13/01/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 8531P Claim No. : MCT20010269

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : MCOM0015

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

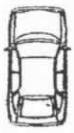
Excess Sec II :S$ D.O.A : 11/01/2020 Place of Accident : PIE TWDS TUAS.

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

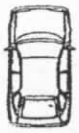
If **NO**, Driver Name / Age : TAY LENG HOCK OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-97532650 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

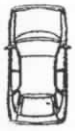
SJZ 9144D → → →



INSRS:
WSP: CHOO MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJZ 9144D - X
	SH 8531P - CC4/ASM18006443/K1pa3q2; DOA: 04.04.18
	- NS/INC16002110/H1th3n2; DOA: 29.01.16
	- CS3/III15020638/T1bc2; DOA: 02.12.15

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:	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:	

(08/11/13) ~~wef~~

ASS. REC. BY: Marcus

REF: 111/ [illegible]

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SJZ 9144D

at Workshop m/s Choo motor

of

Insured: SH 85311

Policy No

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: $12k.

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

Vehicle: IN / OUT 882L

Date: Person Contacted:

Veh No: SJZ9144D Yr Regn: 1/2010

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

Make: Hyundai TUCSon c.c 1998

Colour Black A/C: Insured / Std / NI / NA

Sp.Reading 234348 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHJU81BMBU046275

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:

R: 245/45 R18

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. 11/1/20 D.O.I 13/1/20

Survey held at

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

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

Date / Time Action / Instruction

9 shy 3500 LYA 9090 2/20 day.

offer . TOTAL LOSS Excluding Rental 1 x day -

Repair cost more than 10k.

TOTAL LOSS $2910

Date/Time. File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) __S + RS.__SI

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($ T) Others

[ ] : Weekend ($)

TOTAL

Report Format :

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