

ASSIGNMENTSurveyor: BRYANDOI: 14/01/2020Date / Time : 13/01/2020Registered in Merimen: 15/01/2020

X

Pre-assign / CCU / FTEInsured Vehicle No. : SH 8743UClaim No. : MCT19120713Name of Insured : COMFORT TRANSPORTATION PTE LTDPolicy No. : MCOM0015

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40Excess Sec II :S\$ _____ D.O.A : 29/12/2019Place of Accident : RIVER VALLEY RDIs driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

SHD 4438DINSRS:
WSP: **BIFROST**
Tel : **AUTO**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHD 4438D - CS/FCI14008730/Uqbk3; DOA: 01.05.14	Non-Reporting ltr (1st):	
SH 8743U - X	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\$ _____	1) Claim status: Normal/Reject/Private Settle	
Medical: S\$ _____	2) Report Format: _____	
Disbursement: S\$ _____ (e.g. Tow/ Independent)	3) Survey fee: _____	
Legal Cost S\$ _____		
Total: S\$ _____ Global Sum S\$: _____	Email ☐	Call ☐
FINAL PAYMENT Date/Time: _____ Confirm with: _____		
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

02 Oct 2027

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: 14 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

SHD4438D

Yr Regn:

2019 Oct

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

Truck / Trailer or

Make:

Hyundai Ioniq

C.C

1580

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

30061

T/Radio: Insured / Std / NI / NA

Eng/No:

G4LBK U401194

C/No:

KMHC851CV L U187813

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65 R 15

R:

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

TOYO / YOKO or

Michelin

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

29/12/2019

D.O.I.

14/01/2020

Survey held at

Biggest 2 in King

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/Top or *

Rear 4 1/3 front

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

Date / Time

Action / Instruction

TIL SHB 8743U

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / F.B.C. (%)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL