15/5/2010

INS. CASE OWNER: Sundari Nagarajan

CC4/III20001044/Dga3

LKK:

IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 16/01/2020 Date / Time : 16/01/2020

Registered in Merimen: 16/01/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 3033U

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 14/01/2020 22:10

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : YEO BOON TOCK

Driver Tel No. : +65-96281539 (V/L: YES / NO)

Claim No. : ×

Policy No. : MCOM0015

Make / Model : HYUNDA I40

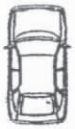
Place of Accident : PIE TWDS CHANGI AIRPORT LAMP POST 170

Nature of Accident :

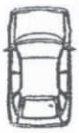
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SHC 272X → → →



INSRS:
WSP:
Tel : BIFROST AUTO
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 272X - CS/FCI15001921/Agbk3; DOA: 28.01.2015
	SHD 3033U - CC4/III19018417/R1pb3; DOA: 09.10.2019
	- CC4/III18013397/T1ub3q2; DOA: 21.07.18

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:	

ASS. REC. BY: | REF:

ASSIGNMENT

COE 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 14 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 272X Yr Regn: Oct / 2019

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

Truck / Trailer or _____

Make: Hyundai Ioniq c.c 1580

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

Sp.Reading 30829 T/Radio: Insured / Std / NI / NA

Eng/No: G4LEKU362985

C/No: KMHC851CVLU178668

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: 195/65 R15

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. 14/01/2020 D.O.I. 16/01/2020

Survey held at Bifrost Sin Ming

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

Rev & Front O/S

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

Date / Time	Action / Instruction
	TTI SHD 3033 U

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	