

INS. CASE OWNER: RACHEL WU

CC4/FCI20001178/Kka3

LKK:
IDAC:

ASSIGNMENT

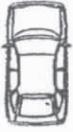
Surveyor: KENNETH

DOI: 22/01/2020

Date / Time : 20/01/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 2138Z Claim No. : D20000449MFSH X
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH
 Insured Tel No. : HP: Make / Model :
Excess Sec II :S\$ D.O.A : 14/01/2020 Place of Accident : OUTSIDE 91 BRAEMAR DRIVE
 Is 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. :

(VL: YES / NO)

Insured Liability : %

Final ? Yes / No

SJQ 1960P



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SJQ 1960P - X	
	SHA 2138Z - NS/INC17000079/H1vbn2; DOA: 29.12.16	
	- NS/INC16020696/H1vbn2; DOA: 30.10.16	
	- NA/INC16020928/r3; DOA: 30.10.16	
	- NA/INC17013351/k4; DOA: 30.06.17	
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

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) LA S/N No. : If NO or B 28, Ass. Lia :

Repair Cost: S\$
 Loss of Rental (LOR): S\$ (days)
 Loss of Use (LOU): S\$ (\$ days)
 Loss of Income (LOI): S\$ (\$ days)
 LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
 GIA/LTA Search S\$
 Medical: S\$
 Disbursement: S\$ (e.g. Tow/ Independent)
 Legal Cost S\$
Total: S\$ **Global Sum S\$:**
 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: WP
 3) Survey fee: \$148

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: FC2/

1178

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ City Ado

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: 845K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 01 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: PJA 1960P Yr Regn: 04, 09

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

Truck / Trailer or _____

Make: Honda Fit c.c. 1339

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

Sp. Reading: 177 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GE6-1161215

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/50R15

R: _____

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

Front

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 14/1/20

Survey held at _____

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.I. 22/1/2020

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

Rm old down mirror
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

LABOUR : \$100

CHECK ITEMS: \$498.70

398.96

100

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

\$ 90

Transportation:

\$50

S + RS. \$

Fixtys

\$ 8.00

Others

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

TOTAL

\$148

Report Format :

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