15/5/2010

INS. CASE OWNER: JASON TEA | CC4/FCI20001470/R1da3

LKK:

IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 03/02/2020 Date / Time : 24/01/2020

Registered in Merimen: —

Pre-assign / CCU / FTE X

Insured Vehicle No. : SHA 5759L		Claim No. :	D20000587MFSH
Name of Insured : COMPORT TRANSPORTATION PTE LTD		Policy No. :	D-20094922MFSH
Insured Tel No. :	HP:	Make / Model :	HYUNDAI I40
Excess Sec II :S$	D.O.A : 22/01/2020	Place of Accident :	SELETAR WEST LINK TWSD YISHUN AVE 1

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

If NO, Driver Name / Age : LIM LYE CHOON OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-81004795 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLT 6308B → ______ → ______ → ______

INSRS: WSP: CYCLE & CARRIAGE INDUSTRIES Tel : Liability: RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLT 6308B - X SHA 5759L - CS3/FCI18012593/Ncd3s2; DOA: 05.07.18 - NA/CTI18012370/z4; DOA" 05.07.18

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$	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$** **Global Sum S$:**	

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: [signature] | REF: | 4672

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLT 6308B

at Workshop m/s CYCLE & CARRIAGE

of 188, PANDAN LOOP

Insured: FCI

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition) ALAN

N/S	O/S

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

Bal. or Market Value:

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

Date: Person Contacted:

Veh No: SLT 6308B Yr Regn: 2017 / NOV

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

Make: MERCEDES BENZ E200 AVG c.c 1991

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

Sp.Reading 57736 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2130422A257093

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: 245/45R18

R: -"-

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.	22/01/2020	D.O.I.	03/02/2020

Survey held at CYCLE & CARRIAGE

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

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

Date / Time	Action / Instruction
	TO CHECK CONSISTENCY
	5055.41
	2068.85

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

1) [ ] : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.R/S

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($) __S + RS.__SI

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($) Others

[ ] : Weekend ($)

Survey Fee:

Transportation:

TOTAL