15/5/2010

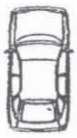
INS. CASE OWNER: MAY CHUA | CC4/FCI20001681/Dda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 30/01/2020 Date / Time : 30/01/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4300C Claim No. : D20000643MFSH X

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH

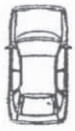
Insured Tel No. : HP: Make / Model : HYUNDAI I40

Excess Sec II :S$ D.O.A : 24/01/2020 09:50 Place of Accident : HOUGANG AVE 7 X AVE 5

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

If **NO**, Driver Name / Age : CHUA AH MAI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-97893125 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHB 4300C →	SHC 3757U →	SML 9062U →
		
INSRS:	INSRS:	INSRS:
WSP:	WSP: BIFROST	WSP:
Tel :	Tel : AUTO	Tel :
Liability :	Liability :	Liability :
RMKS: OI	RMKS: TP	RMKS:

Date/ Time	
	SHB4300C - CS/FCI18023101/Kvd3n2; DOA: 21.12.18
	- NS/INC13018587/H1tbd1; DOA: 04.10.13
	SHC 3757U - NS/INC10008976/Fr1; DOA: 06.05.10

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 Dec 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. _____

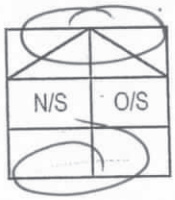
Sum Insured: _____ Excess: _____

(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 Rport: _____ Consistent? : **Yes** or **No**

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

Est. Repairs: 10 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 3757 U Yr Regn: Dec, 2019

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

Truck / Trailer or _____

Make: Toyota Prius c.c 1798

Colour Blue A/C: **Insured / Std / NI / NA**

Sp.Reading 17482 T/Radio: **Insured / Std / NI / NA**

Eng/No: 2ZR2G00038

C/No: JTDKB3FU503090260

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: —11—

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	24/01/2020	D.O.I.	30/01/2020

Survey held at Bytrust Sin Ming

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

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

Date / Time	Action / Instruction
	First Capital SHB 4300C
	16163.55

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	