

ASSIGNMENT

Surveyor: KENNETH

DOI: 30/01/2020

Date / Time : 30/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4866B

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :S\$ D.O.A : 25/01/2020

Place of Accident : _____

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. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Fidelity and Bonding		
6. Commercial Automobile		
7. Aircraft and Heliport		
8. Marine		
9. Watercraft		
10. Umbrella		
11. Personal and Family		
12. Other		

SHD 202T



INSRS:
WSP: TRANS-CAB
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 202T - CC3/LCR18002570/Kja3q2; DOA: 05.02.18 - CC3/FCI15004059/Kqy3k3; DOA: 17.10.14		Non-Reporting ltr (1st):	
	SHD 4866B - 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:	☐
PRELIMINARY ADVICE Date/Time:			Post-Repair Photos:	☐
Sent By:			Others:	☐
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:

1021

16861/Kh.

Kenneth

ASSIGNMENT

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:

21

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S14D2027

Yr Regn:

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

Truck / Trailer or

Make:

Renault Latitude c.c. 1995

Colour

M. White/R

A/C: Insured / Std / NI / NA

Sp. Reading

567620

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VF1 ABL 15 AUG 282365

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: M / S / R / STD A / R / STD

Tyre Size:

F:

215/60R16

R:

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

Pailun

Front

R/Bal.

9

mm

Rear

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

11

D.O.I.

30/1/2020

Survey held at

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

O/S/R

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

Date / Time

Action / Instruction

1 GIA not ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trlp:

Survey Fee:

Transportation:

S + RS. SI

Fictos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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