15/5/2010

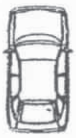
INS. CASE OWNER: AIDA | CC4/III20001745/T1pa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 31/01/2020 Date / Time : 30/01/2020

Registered in Merimen: 02/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 1041P Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : MCOM0015

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

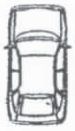
Excess Sec II :S$ D.O.A : 24/01/2020 02:20 Place of Accident : ALONG BUKIT TIMAH RD TOWARDS UPPER BUKIT TIMAH RD

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

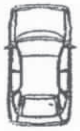
If **NO**, Driver Name / Age : LIM TIONG SHOON OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-81009869 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SKF 5824U → → →



INSRS:
WSP: TEAMWORK GARAGE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 1041P - CC6/III15011766/Rza3n2; DOA: 12.02.15
	- CS3/III14023662/R1bk3L DOA : 19.12.14
	SKF 5824U - NA/MSG17012262/h4; DOA: 17.06.17

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: Taufik | REF: III

ASSIGNMENT

CoE 2028 March

From: | Date: 31/01/2020

Estimated Cost:

OD / TP / TWS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SKF 5824U

at Workshop m/s Teamwork Garage

of 53 Ubi Avenue 1 # 01-24

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: days | Res.: Yes or No

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

CA / REV / REP. / 24 HRS lwp

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SKF 5824U. Yr Regn: 2008 / March

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

Make: Honda Civic Tyre-R 2.0 c.c 1998

Colour White | A/C: Insured / Std / NI / NA

Sp.Reading 236252. | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FD2140080.

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: 225/45R17

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.		D.O.I.	31/1/20

Survey held at Teamwork Garage.

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

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

Date / Time	Action / Instruction

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	