INS. CASE OWNER: RACHEL WU | CC4/FCI20001816/ Kka3

LKK:
IDAC:

Surveyor: Kenneth
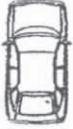
ASSIGNMENT

DOI: 3/7/2020

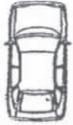Date / Time : 31/01/2020

Registered in Merimen: ___

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 4138E	Claim No. : D20000707MFSH
Name of Insured : COMFORT TRANSPORTATION PTE LTD	Policy No. : D-20094922MFSH X
Insured Tel No. : ___ HP: ___	Make / Model : HYUNDAI I40
Excess Sec II :S$ ___ D.O.A : 29/01/2020 13:50	Place of Accident : AYE(CITY) BF CLEMENTI AVE 2 EXIT

Is driver the owner? (YES [NO])   Nature of Accident : ___

If **NO**, Driver Name / Age : ROHINI B AMIN

Driver Tel No. : +65-97730155   (V/L: YES / NO)

OI GIA REPORT [YES] NO ; TP GIA REPORT: [YES] NO

Insured Liability : ___ %   **Final ? Yes / No**

SMA 6196U → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: ESTEEM PML	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SMA 6196U - X	STAGE	DATE / PIC
	SHB 4138E - CS/FCI18006216/Ktbq2; DOA: 31.03.18	Non-Reporting ltr (1st):	
	- CC4/AXA17000695/M1wb3q2; DOA: 09.01.17	Non-Reporting ltr (2nd):	
	- CS/FCI17000862/Ggh3v2; DOA: 09.01.17	Non-Reporting ltr (Final):	
	- CS3/FCI16019268/Gqh3s2; DOA: 18.09.16	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:

ASSIGNMENT

From: Date: **03/02/2020**	Veh No: **SMA 6196U** Yr Regn: **06, 18**
Estimated Cost:	Type: ~~M.Car~~ / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / ~~TP~~ / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: **SMA 6196U**	Make: **Toy Prius (A)** c.c **1797**
at Workshop m/s **Esteem Performance**	Colour **M. Grey** A/C: Insured / Std / NI / NA
of **385 Sin Ming Drive**	Sp.Reading **538 30** T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: **ZVW50 · 8037188**
Claims No.	Gen. Cond: (Good) / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: In order / Jammed / Leaked / Burnt or
(Client's Record)	Brake: In order / Jammed / Leaked / Burnt or
Make of Veh:	Modi : Nil / S/Rim / STD A/Rim or
	Tyre Size: F: **195/65R15**
(Policy Condition)	R:
Remark: **The veh had commenced its repair at the time of inspection.**	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / (YOKO) or

Front		Rear	
R/Bal. **9** mm		R/Bal. **9** mm	
L/Bal. **P** mm		L/Bal. **P** mm	
D.O.A. **29/1/20**		D.O.I. **3/2/2020**	

Bal. or Market Value: **₨ 92/c**

IDAC Accident Rport: Consistent? : Yes or **No**	Survey held at ✓
GIA / PR Seen: Consistent? : Yes or **No**	Des. of Damages : Frt / (Rear) / O/S / N/S / U/C / Rooftop or
Est. Repairs: days Res.: Yes or **No**	**Rea N/S**
Lum Sum: % 3 Val.: Yes or **No**	
CA / REV / REP. / 24 HRS **(up)**	The U/C / Chassis frame / Body Structure affected due to collision.
Vehicle: IN / OUT	
Date: Person Contacted:	

Date / Time	Action / Instruction
	1970.58
	390

Date/Time, File Pass to? ☐ : Preli. Report	Days Of Repair:	
1) ☐ : Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?		Transportation:
2)	Add Fee: ☐ : Site Insp ($) S ÷ RS, SI	
	☐ : Interview ($) Photos	
Report Format :	☐ : Tech. Invs ($) Others	
Lump Sum / I.B.I. ($)	☐ : Weekend ($)	
		TOTAL

N/S   O/S