

INS. CASE OWNER:

SUNDARI

CC4/III20001902/Kga3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI: 04/02/2020

Date / Time : 04/02/2020

Registered in Merimen: 04/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 3533J

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : HP: D.O.A : 13/01/2020 09:30

Excess Sec II :S\$

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

If NO, Driver Name / Age : DON WONG HONG YEOW

Driver Tel No. : +65-96397927 (V/L: YES / NO)

Claim No. :

Policy No. : MCOM0015

Make / Model : HYUNDAI I40

Place of Accident : ALONG PATERSON HILL

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

SKM 1892L

INSRS:
WSP: AUTOWORX
Tel : HOUSE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHA 3533J - NS/INC19019219/K1sf3n2; DOA: 30.10.19	Non-Reporting ltr (1st):	
- CC4/III18010073/Gwb3q2; DOA: 02.06.18	Non-Reporting ltr (2nd):	
SKM 1892L - X	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:

Repair Cost:

S\$

(

days) Reduction:

%

Confirm by:

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

Email ☐ Call ☐

Repair Cost:

S\$

If NO or B 28, Ass. Lia :

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

74 /

1402

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:

05 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Veh No:

SKM 1892L

Yr Regn:

01, 14

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

Truck / Trailer or

Make:

Mer E200

c.c

1991

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

68837

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD 20743421-242120

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

235/40ZR18

R:

255/35ZR18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

13/1/20

D.O.I.

4/2/2020

Survey held at

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

N/S Frt

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