15/5/2010

INS. CASE OWNER: JOANNE YONG | CC4/FCI20001948/Kka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 9/7/2022 Date / Time : 04/02/2020 Registered in Merimen:

Pre-assign / CCU / FTE X

Insured Vehicle No. : SHC 2987D Claim No. : D20000592MFSH

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

Insured Tel No. : HP: Make / Model : TOYOTA PRIUS

Excess Sec II :S$ D.O.A : 22/01/2020 11:50 Place of Accident : SIN MING DRIVE TWDS SIN MING AVE

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

If **NO**, Driver Name / Age : AUW POH TEE JAMES OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

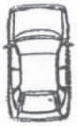
Driver Tel No. : +65-97355632 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

GBJ 7776Y → → →

INSRS:
WSP: ESTEEM
Tel : PERFORMANCE
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBJ 7776Y - X SHC 2987D - CS/FCI19014152/R1sd3n2; DOA: 08.06.19 - CC3/QBE19016489/K1ea3q2; DOA: 13.09.19 - CS/FCI18003793/T1vd3q2; DOA: 24.02.18

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: L/S S$ 650 (2 days) Reduction: 2,094.69/76 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12/6/2020 Confirm with CARMEN Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/GST)	S$ 695.50	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 480.00 ($150 x 4 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 7.45	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format: TP
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee: $350
Legal Cost	S$	
Total:	S$ 1,182.95 **Global Sum S$:** 1,102.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 1,102.00	Name 1:	ESTEEM PERFORMANCE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Kenneth

REF: ECL/ 1398

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Esteem

of Amk

Insured: _____

Policy No. _____

Claims No. _____

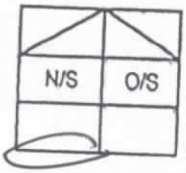
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: $68k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1-B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: GBJ 7776Y Yr Regn: 08, 19

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

Make: Toy Hiace c.c 2982

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

Sp.Reading 13503 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFH T02P 900 249358

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 R15 8

R: _____

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.	9 mm	L/Bal.	9 mm
D.O.A.	22/1/20	D.O.I.	6/2/2020 ✓

Survey held at _____

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

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

Date / Time	Action / Instruction
/	

800.81
233.68

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 ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Fuel: _____

Others: _____

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ _____)