

ASSIGNMENTSurveyor: **KENNETH**DOI: **04/02/2020**Date / Time : **04/02/2020**Registered in Merimen: **05/02/2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHA 2093T**

Claim No. :

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

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI IONIQ**Excess Sec II :\$ \$ D.O.A : **02.02.2020 02:50**Place of Accident : **HAVELOCK ROAD**Is driver the owner? (YES / **NO**) Nature of Accident :If **NO**, Driver Name / Age : **MOHAMED ARIFF B AMAN**OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NODriver Tel No. : **+65-94767379** (V/L: YES / NO)Insured Liability : % **Final ? Yes / No****SHB 7758X**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
	SHA 2093T - CC4/ASM18012252/Npb3s2; DOA: 03.07.18	Non-Reporting ltr (1st):	
	- CS/III18012208/Utd3n2; DOA: 03.07.18	Non-Reporting ltr (2nd):	
	- NBA/MSG17020923/Y; DOA: 31.10.17	Non-Reporting ltr (Final):	
	SHB 7758X - CS/TP17006660/Kvh3n2; DOA: 02.04.17	Notification ltr (if non-pickup):	
	- NA/TMI17022196/k4; DOA: 20.11.17	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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:		
Repair Cost:	\$ \$	(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:	\$ \$			
Loss of Rental (LOR):	\$ \$	(days)		
Loss of Use (LOU):	\$ \$	(\$ x days)		
Loss of Income (LOI):	\$ \$	(\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]			
GIA/LTA Search	\$ \$			
Medical:	\$ \$	1) Claim status: Normal/Reject/Private Settle		
Disbursement:	\$ \$	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	\$ \$	3) Survey fee:		
Total:	\$ \$	Global Sum \$ \$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	\$ \$	Name 1:		
Payee 2: (Strike if N.A.)	\$ \$	Name 2:		
Payee 3: (Strike if N.A.)	\$ \$	Name 3:		

ASS. REC. BY:

REF:

TH / WWS / CP

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:

024 days

Res.: Yes or No

Lum Sum:

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S14B 7758X

Yr Regn:

03.19

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

Truck / Trailer or

Make:

Toy Pons

c.c

1788

Colour

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

P 2508

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU 003079618

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

193/65R15

R:

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

Front

R/Bal.

9

mm

Rear

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

2/2/20

D.O.I.

4/2/2020

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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