15/5/2010

INS. CASE OWNER: AIDA | CC4/III20002129/Aga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 06/02/2020 Date / Time : 06/02/2020

Registered in Merimen: 06/02/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 6751J Claim No. : X

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

Insured Tel No. : HP: Make / Model : HYUNDAI I40

Excess Sec II :S$ D.O.A : 04/02/2020 17:45 Place of Accident : TELOK BLANGAH RD TURNING TO BUKIT CHERMIN RD.

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

If NO, Driver Name / Age : SUPPIAH MUTHIA OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

PC 3702H → → →

INSRS:
WSP: N-51
Tel : AUTOMOTIVE
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	PC 3702H - NA/INC20002005/r3; DOA: 04.02.2020
	NA/INC17024131/z4; DOA : 19.12.17
	SH 6751J -NS/INC18007482/K1tbn2; DOAI 23.04.18
	CC4/III16024426/T1yb3q2; DOA: 20.12.16

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$ 4800.00 (4 days) Reduction: 3694.15 % 43 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07/10/2020 Confirm with MELODY Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 2	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5136.00 (W/GST)	
Loss of Rental (LOR):	S$ 1200.00 (6 days) x $200	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☑ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 7.45	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ 100.00 (e.g. Toy / Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	S$ 6443.45 **Global Sum S$:** 6400.00	

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

Payee 1:	S$ 6400.00	Name 1:	N-51 AUTOMOTIVE PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REG. BY: REF:

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.

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: PC3702H. Yr Regn: 2015 June.

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

Make: ~~Sirio~~ Toyota Hiace c.c 2982

Colour ~~Red~~ Silver A/C: Insured / Std / NI / NA

Sp.Reading 275786 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KDH223002343 . .

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: 195R15C

R: 195R15C.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	06/02/20

*Survey held at N51.

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

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

Date / Time	Action / Instruction
	TP III
	MV :
	PV :
	Nett :

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. Inve ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

$ + PS SI

Photos

Other

TOTAL

Report Format :

Lump Sum / UP.R :