

INS. CASE OWNER:

KAREN TAN

CC4/FCI20002264/Dx3

LKK:

IDAC:

Surveyor:

BRYAN

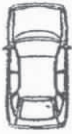
DOI:

ASSIGNMENT

Date / Time : 07/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 6306Z

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II : S\$ _____ D.O.A : 04/02/2020 13:30

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

If NO, Driver Name / Age : TEO YEE ENG

Driver Tel No. : +65-83590744

(V/L: YES / NO)

Claim No. : D20000863MFSH

Policy No. : D-18088936MFSH

Make / Model : HYUNDAI IONIQ

Place of Accident : SLIP ROAD FROM ORCHARD BLVD
TO GRANGE ROAD

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

Insured Liability : % Final ? Yes / No

SH 6199D

INSRS:
WSP: BIFROST AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SH6199D - CS/FCI19001857/Asd3n2 ; DOA: 26.1.19	
	- NA/INC19001742/h4; DOA: 26.1.19	
	SHB 6306Z - CC3/AIG17010016/H1hb3q2; DOA: 18.5.17	
	CS/FCI14002204/R1qb3; DOA : 31.1.14	
	CS3/FCI15003972/Ygy3d1; DOA: 05.03.15	
	NA/AIG17011557/r3 ; DOA: 18.5.17	
	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
21/08/2020	SETTLED AND CLOSED/ FILE IN DRAWER	

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S S\$ 9,600.00 (9 days) Reduction: 74 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19/08/2020 Confirm with MR LEE

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 1

If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S\$ 10,272.00

Loss of Rental (LOR): S\$ 1,638.00 (14 days) X \$117.00

OID FROM SLIP ROAD

Loss of Use (LOU): S\$ (\$ x days)

Loss of Income (LOI): S\$ 550.00 (\$ 50 x 11 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]

GIA/LTA Search

Medical:

Disbursement:

Legal Cost

Total: S\$ 12,460.00

Global Sum S\$:

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$600.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 12,460.00

Name 1:

BIFROST AUTO PTE LTD

Payee 2: (Strike if N.A.)

Name 2:

Payee 3: (Strike if N.A.)

Name 3:

ASS. REC. BY:

REF:

ASSIGNMENT

June 2027

2019, June

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:

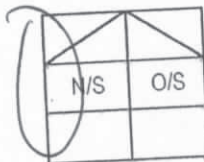
Excess:

(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:

7

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SH 6199 D

Yr Regn:

2019, June

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

Truck / Trailer or

Make:

Hyundai Ioniq

c.c. 1580

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

98144

T/Radio: Insured / Std / NI / NA

Eng/No:

G4LEKU295275

C/No:

KMHC851CVKU164223

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 / 65 R 15

R:

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

TOYO / YOKO or

Front

Devanti

Rear

Michelin

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

04/02/2020

D.O.I.

10/02/2020

Survey held at

Bigrost Sin Ming

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

O/S Rnd y o/s Body y o/s Rnd.

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

Date / Time

Action / Instruction

First Capital SHB 63062

12051

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.E.I. @

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL