15/5/2010

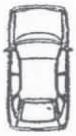
INS. CASE OWNER: KAREN TAN | CC4/FCI20002264/Dha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 10/02/2020 Date / Time : 07/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE X



Insured Vehicle No. : SHB 6306Z Claim No. : D20000863MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-18088936MFSH

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

Excess Sec II :S$ D.O.A : 04/02/2020 13:30 Place of Accident : SLIP ROAD FROM ORCHARD BLVD TO GRANGE ROAD

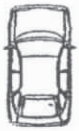
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : TEO YEE ENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

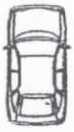
Driver Tel No. : +65-83590744 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

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	
	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/R1qbk3 ; DOA : 31.1.14
	CS3/FCI15003972/Ygy3d1; DOA: 05.03.15
	NA/AIG17011557/r3 ; DOA: 18.5.17

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:	S$	(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:	S$		
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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		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:

ASSIGNMENT

June 2027

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.

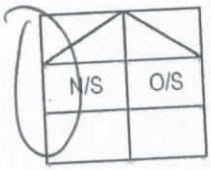
Sum Insured: Excess:

(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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 9 X 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: 195/65R15

R: 11

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

TOYO / YOKO or Davanti

Front		Rear	
	Davanti		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 Bifrost Sin Ming

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

O/S Front & O/S Body & O/S Rr.

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

Date / Time	Action / Instruction
	First Capital SHB 6306Z
	12051

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 ($)

Report Format :

Lump Sum / I.B.I: ($

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	