

INS. CASE OWNER:

JASON TEA

CC4/FCI20002400/T1ea3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

TAUFIKH

DOI: 11/02/2020

Date / Time : 11/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6389Y
 Name of Insured : COMFORT TRANSPORTATION PTE LTD

Claim No. : D20000803MFSH
 Policy No. : D-20094922MFSH
 Make / Model : HYUNDAI IONIQ
 Place of Accident : PUNGGOL FIELD X EDGEFIELD PLAINS

Insured Tel No. : _____ HP: _____
 Excess Sec II : S\$ _____ D.O.A : 01/02/2020 18:40

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

If NO, Driver Name / Age : OH BOON CHYE

Driver Tel No. : +65-96373186

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SKT 8794D



INSRS:
WSP: TEAMWORK
Tel : GARAGE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SKT 8794D	Non-Reporting ltr (1st):	
SH 6389Y	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:
Repair Cost:	S\$ (days) Reduction:	% Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with
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\$	1) Claim status: Normal/Reject/Private Settle
Medical:	S\$ (e.g. Tow/ Independent)	2) Report Format:
Disbursement:	S\$	3) Survey fee:
Legal Cost	S\$	
Total:	S\$ Global Sum S\$:	Email ☐ Call ☐
FINAL PAYMENT	Date/Time:	Confirm with:
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:

Tampin

REF: PC1

ASSIGNMENT

From:

Date:

11/21/2020

Estimated Cost:

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

To Inspect Vehicle No:

SKT 8794D

at Workshop m/s

Teamwork Garage

of

Blk 53 ubi Ave / 1101-24

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 Rpt:

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:

SKT 8794D

Yr Regn:

/

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

Truck / Trailer or

Make:

Toyota Wish

c.c

1728

Colour

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

356911

T/Radio: Insured / Std / NI / NA

Eng/No:

JTPG 620W.60 J00 2834

C/No:

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 R15

R:

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

TOYO / YOKO or

Dunlop

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

10/2/20

Survey held at

Teamwork Garage

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

Frt 3/5

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / L.B.J. (\$

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

2530.70

1442.31