15/5/2010

INS. CASE OWNER: JOANNE YONG | CC4/FCI20002779/Nka3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Nka2 DOI: 14/10/2020 Date / Time : 14/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 8947E Claim No. : D20000980MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 11/02/2020 Place of Accident :

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

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

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

SHB 8806J → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: PREMIER	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 8806J- CC3/AIG14023819/H1rm3q2; DOA:19/12/2014	Non-Reporting ltr (1st):	
	CC3/CTI17018006/K1hb3n2; DOA: 15/09/2017	Non-Reporting ltr (2nd):	
	CC4/AXA15014956/H1ja3c2; DOA: 29/08/2015	Non-Reporting ltr (Final):	
	NA/AIG15000165/d2 ; DOA : 19.12.14	Notification ltr (if non-pickup):	
	SHC 8947E- CC3/AIG08028480/Cgw ; DOA:19/11/2008	Call OI:	
	CC3/AIG09026987/Gn1q1q2;DOA: 25/11/2009	After call ltr to OI:	
	CC3/AIG16018656/M1wb3q2;DOA: 01/10/2016	**Documentation Check List:**	**Handler** **Typist**
	CC3/FCI13006912/Ky1n DOA :01/02/2013	Notification ltr (if non-pickup)	
	CS/INC09006345/Yh DOA : 21/03/2009	After call ltr to OI:	
	NS/INC17006631/H1rbn2 DOA : 02/04/2017	Authorisation To Act:	
	Instructions	Release Voucher:	
	To Surveyor	Final Repair Bill:	
	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:	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$ 950.00 (3 days) Reduction: 1662.90	% 63	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22/12/2020	Confirm with VINCENT	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. :	NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1016.50		
Loss of Rental (LOR):	S$ 358.48 (4 days) x $89.62		
Loss of Use (LOU):	S$ ($ x days)		PIR AGAINST OI
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: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	S$ 1374.98	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☑ Call ☐
Payee 1:	S$ 1374.98	Name 1:	PREMIER AUTOMOTIVE SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		

Surname NA2 | REF: FCI

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: 3 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 SHB 8806J Yr Regn: 28 JAN 2014

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

Make: KIA OPTIMA c.c 1,685

Colour SILVER A/C: Insured / Std / NI / NA

Sp.Reading 648,649 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNAGM414MF 5453466

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: 205/65 R16

R: 11

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	5 mm
L/Bal.	6 mm	L/Bal.	5 mm

D.O.A. 11/2/2020 D.O.I. 14/2/2020

Survey held at PREMIER CHANGI

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

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

FCI 4/5

Date / Time	Action / Instruction

1157.40
14.40

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 ($)
☐ : Weekend ($)

Survey Fee:

Transportation: ( ) S + RS SI

( ) Photos

( ) Others

( )

TOTAL