

Surveyor:

Nka2

DOI:

ASSIGNMENT

14/02/2020

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:
WSP: PREMIER
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
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:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	(days)	Reduction:	%
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\$			
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format:		
Total:	S\$	Global Sum S\$:		3) Survey fee:
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:		

NAZ

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:

(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 Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

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

Colour: SILVER

Sp. Reading: 648,649

Eng/No:

C/N:

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:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

D/S FRONT

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

Rear

R/Bal.

L/Bal.

D.O.I.

PREMIER CHANGI

Date / Time

Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$)

☐ : Prol. 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

FCI 4/5

1157.40

14.40