15/5/2010

CC4/FCI20002819/Dba3q2

~~CC4/FCI20002819/D-ha3~~

INS. CASE OWNER: JOANNE YONG

LKK:

IDAC:

ASSIGNMENT

Surveyor: bryan DOI: 18/02/2020 Date / Time : 14/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 4317E

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : CHEW MING YEW

Driver Tel No. : +65-98914359 (V/L: YES / NO)

Claim No. : D20000679MFSH

Policy No. : D-20094922MFSH

Make / Model : HYUNDAI I40

D.O.A : 27/01/2020 08:30

Place of Accident : AIRLINE ROAD

Nature of Accident :

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

Insured Liability : % **Final ? Yes / No**

FBG9782G → → →

INSRS:
WSP: ~~SG 98~~
Tel : ~~MOTOR~~
Liability : S9 MOTOR
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBG 9782G - X SHB 4317E - X	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:		

28/05/2020 SETTLED AND CLOSED

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 2,400.00 (3 days) Reduction: 60.91 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 27/05/2020 Confirm with LINDA Email X Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15

Repair Cost: S$ 2,400.00

Loss of Rental (LOR): S$ (days)

Loss of Use (LOU): S$ 90.00 ($ 30 x 3 days)

Loss of Income (LOI): S$ ($ x days)

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

GIA/LTA Search S$ 7.45

Medical: S$

Disbursement: S$ 80.00 (e.g. Tow/ Independent)

Legal Cost S$

Total: S$ 2,577.45 **Global Sum S$:** 2,500.00

If NO or B 28, Ass. Lia :

OID CHANGED LANE

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: $350.00

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 2,500.00	Name 1:	S9 MOTOR TRADING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: | REF:

COE Jan 2023

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: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBG 9782 G Yr Regn: 2013 Jan

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

Make: Yamaha FZ16 c.c 153

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

Sp.Reading N.A. T/Radio: Insured / Std / NI / NA

Eng/No: 21CD020381

C/No: MB121CODCC*2020347

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: 110/70 R17

R: 140/70 R17

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	3 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	27/01/2020	D.O.I.	18/02/2020

Survey held at SG98 AMK

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

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

Date / Time	Action / Instruction
	First Capital SHB 4317E
	MV 3.5K
	LTA 565.00
	NL 2.9K.
	2257.50

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

Lump Sum / I.B.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	