

INS. CASE OWNER:

JASON TEA

CC4/FCI20002954/ K da3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Kenneth

DOI:

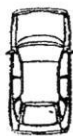
20/02/2020

Date / Time : 19/02/2020

Registered in Merimen:

X

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7259H
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : HP: _____
 Excess Sec II : \$S D.O.A : 13/02/2020 08:30
 Is driver the owner? (YES / ☒ NO) Nature of Accident :

Claim No. : D20001084MFSH
 Policy No. : D-20094922MFSH
 Make / Model : HYUNDAI IONIQ HYBRID
 Place of Accident : T JUNCTION OF HOUGANG AVE 3 AND DEFU AVE 1

If NO, Driver Name / Age : TEO BAH HAY

Driver Tel No. : +65-97834998

(V/L: YES / NO)

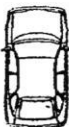
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

SKN 7818H



INSRS:
WSP: POON SIANG
Tel : SEOW
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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

Disbursement:

\$S

(e.g. Tow/ Independent)

Legal Cost

\$S

1) Claim status: Normal/Reject/Private Settle

2) Report Format: WP

3) Survey fee: \$439

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:

REF: FCI

ASSIGNMENT

Date:

20/2/2020

Veh No:

SKN 78184

Yr Regn:

07 17

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

Truck / Trailer or

Make:

Citroen Cross back ^A c.c. 1560

Colour

M-Black

A/C: Insured / Std / NI / NA

Sp. Reading

52610

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VF7N X BH BT 6 Y 533 216

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/55R17

R:

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

TOYO / YOKO or

Hunko

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

13/2/20

D.O.I.

20/2/20

Survey held at

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

O/S Pt body

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

Post:

S / TP RES / OD RES / EVA / INV / MV

Vehicle No:

SKN 78184

m/s

poon siang seow

K 160 Sin Ming Drive #05-13

Excess:

Record)

Albert @ 96167634

Condition)

The veh had commenced its

repair at the time of inspection.

Net Value:

856k

ent Rpt:

Consistent? : Yes or No

Seen:

Consistent? : Yes or No

s:

04

days

Res.: Yes or No

1-B.1 %

3 Val.: Yes or No

V / REP. / 24 HRS ^{up}

Vehicle: IN / OUT

Person Contacted:

Action / Instruction

e Pass to?

☐

: Preli. Report

☐

: Final Report

le Return to?

Days Of Repair:

Resurvey No. of Trip:

Est. \$20K, \$15 x 20

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

\$170 + \$150

\$50 + \$50

\$19

\$439

ommit:

en / B. / C)

11467.7