15/5/2010

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 | Claim No. : D20001084MFSH

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

Insured Tel No. : HP: | Make / Model : HYUNDAI IONIQ HYBRID

Excess Sec II :S$ D.O.A : 13/02/2020 08:30 | Place of Accident : T JUNCTION OF HOUGANG AVE 3 AND DEFU AVE 1

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

If **NO**, Driver Name / Age : TEO BAH HAY | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-97834998 (V/L: 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	
	SKN 7818H - X
	SH 7259H - CC3/AXA12016077/H1ec3f1 ; 15/08/2012
	NS/INC18014585/K1vd3n2 ; 09/08/2018
12/8/2020	FILE PASS TO ADMIN TO CLOSE

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$ 1) Claim status: Normal/Reject/Private Settle

Disbursement: S$ (e.g. Tow/ Independent) 2) Report Format: WP

Legal Cost S$ 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 7818H Yr Regn: 07 17

ost:

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

ehicle No: SKN 7818H

m/s poon Siang seow

160 Sin Ming Drive #05-13

Excess:

ecord)

Albert @ 96169634

ndition)

e veh had commenced its pair at the time of inspection.

N/S	O/S

et Value: $56k

ent Rport: Consistent? : Yes or No

Seen: Consistent? : Yes or No

04 days Res.: Yes or No

1-B1 % 3 Val.: Yes or No

V / REP. / 24 HRS (up)

Vehicle: IN / OUT

Person Contacted:

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: VF7NXBHZTGY533216

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: 215/55R17

R: —

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

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 Frt body

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

e	Action / Instruction
	11467.7

e Pass to?

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Est. $20K, $15×20

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:	$170 + $150
Transportation:	$50 + $50
__S + RS__SI	
Photos	$19
Others	
TOTAL	$439

e Return to?

ormal) :

m / L.B.I: ( )