

INS. CASE OWNER:

SUNDARI

CC3/III20003339/Kpa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI: 27/02/2020

Date / Time : 27/02/2020

Registered in Merimen: 28/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 8603R

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

MCOM0015

Insured Tel No. : HP:

Make / Model :

TOYOTA PRIUS

Excess Sec II :S\$

D.O.A : 26/02/2020 00:35

Place of Accident :

SLE > LENTOR

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

ON GEOK HEE

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

Driver Tel No. :

+65-94568603

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHC 5804D



INSRS:

WSP: TRANS-CAB

Tel : AUTO

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	SH 8603R - CC4/AXA16010688/M1wa3s2 ; 06.07.16 CC4/III20000118/R1gs3 ; 30.12.19 NS/INC17007392/H1gh3m2 ; 12.4.17	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	SHC 5804D - CC3/EQ114000862/Kya3q2-1 ; 12.01.14 CC3/FCI13002647/Ky1u2 ; 09.01.13 CC6/AXA16003502/Kza3s2 ; 20.2.16 CS/FCI18011467/Krd3e2 ; 21.6.18 CS/FCI19010472/Kvd3n2 ; 10.6.19	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
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:
Legal Cost	S\$		3) Survey fee:
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:	

ASS. REC. BY:

REF: TH /Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Trans Ceb

of _____

Insured: _____

Policy No. _____

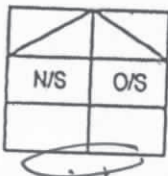
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S/HC 58040 Yr Regn: OF 15

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

Truck / Trailer or

Make: Renault Latitude c.c. 1995Colour: M. White / Red A/C: Insured / Std / NI / NASp. Reading: 605116 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: V1-1ABCL15AUC 281666Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 215/60R16

R: _____

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

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 26/2/20

Survey held at

Rear

R/Bal. 9 mmL/Bal. 9 mmD.O.I. 27/2/2020Des. of Damages: Frt Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

11 Days @ 3200

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fines

Others

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

TOTAL

Report Format :

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