15/5/2010

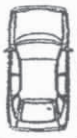
INS. CASE OWNER: Sherini Pillai | CC4/III20003438/T1ga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 02/03/2020 Date / Time : 02/03/2020

Registered in Merimen: 02/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4432K Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : MCOM0015

Insured Tel No. : HP: Make / Model : HYUNDAI I40

Excess Sec II :S$ D.O.A : 27/02/2020 05:15 Place of Accident : WOODLANDS AVE 6

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

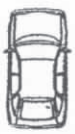
If **NO**, Driver Name / Age : TAN YONG PENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-91866161 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHB 5112Y → → →

INSRS:
WSP: SMRT, WL
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB 5112Y - CC3/AIG08007331/T1tn ; 18/02/2008
	CC3/AIG19002633/Jha3q2 ; 08/02/2019
	CC3/AXA13022356/R1v1y3q2 ; 23/11/13
	NS/INC11025521/R1ftm ; 11/12/2011
	SHA 4432K - CC4/AXA15010568/M1pq3s2; 24.6.15

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:
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: Tauffiq REF: III

ASSIGNMENT

From: _____ Date: 2/3/2020

Estimated Cost: _____

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

To Inspect Vehicle No: SHB 5112Y

at Workshop m/s SMRT

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS "up"

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB5112Y Yr Regn: 2017, Nov

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

Truck / Trailer or _____

Make: Toyota Prius. Hybrid c.c 1798

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

Sp.Reading 258106. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU90357340.

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: 195/65R15

R: ~ ~

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

TOYO / YOKO or Westlake

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	2/3/20	

Survey held at SMRT.

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

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

TAX 02/20/2092

III SHA4432K.

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	