

## ASSIGNMENT

Surveyor:

STEVE

DOI: 17/03/2020

Date / Time : 03.03.2020

Registered in Merimen: 03.03.2020

## Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 4385H

Claim No. : \_\_\_\_\_

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$

D.O.A : 27/02/2020 18:30

Place of Accident : 600 SIN MING AVENUE

Is driver the owner? ( YES / NO )

Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SMC 6811S (5367S) →

INSRS:  
WSP: DIPLOMAT  
Tel : PARTS  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
SMC 6811S (5367S) - X	Non-Reporting ltr (1st):	
SHB 4385H - NS/INC12010570/H1y1r2; 24.5.12	Non-Reporting ltr (2nd):	
OINR.	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time:

Sent By:

## FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P S\$ 1502.50 ( 3 days) Reduction: 40.12 % 2

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 05/06/2020 Confirm with JOJO

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 22

If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S\$ 1607.68

Loss of Rental (LOR): S\$ 428.00 ( 4 days) x \$107 (W/GST)

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\$

Total: S\$ 2035.68

Global Sum S\$:

Email ☒ Call ☐

## FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1: S\$ 2035.68

Name 1: Diplomat Parts Pte Ltd

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3:

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

2) Report Format: TP

3) Survey fee: \$350.00

ASS. REC. BY: Sten

REF:

## ASSIGNMENT

SMC 68115

53675 (Trade plate) Yr Regn: 25/3/15

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 Rpt: \_\_\_\_\_ 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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: \_\_\_\_\_  
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A3 C.C. 1395Colour: White A/C: Insured / Std / NI / NASp. Reading: 62684 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WAUZZZ8VJF1032135Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R16

R: \_\_\_\_\_

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

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 27/2/29 D.O.I. 17/3/29Survey held at Cycle & Carriage, Pandan GardensDes. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Cannd prim part value NIV-5TK

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. SI

Photos

Others

TOTAL

Report Format: \_\_\_\_\_

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

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