	LKK:
INS. CASE OWNER:	IDAC:

CC6/FCI20003595/Uda3

ASSIGNMENT

Surveyor: **MARCUS**   DOI: 05/03/2020   Date / Time : 05/03/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHC 3680G**   Claim No. : _____

Name of Insured : **COMFORT TRANSPORTATION PTE LTD**   Policy No. : _____

Insured Tel No. : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : 03/03/2020 22:00   Place of Accident : _____

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**

SKN 628K _____→_____   _____→_____   _____→_____

INSRS:	INSRS:	INSRS:	INSRS:	
WSP: **FASTECH**	WSP:	WSP:	WSP:	
Tel :	Tel :	Tel :	Tel :	
Liability :	Liability :	Liability :	Liability :	
RMKS:	RMKS:	RMKS:	RMKS:	

Date/ Time	SHC 3680G - CC3/AXA12001850/H1edq2 ; 20/01/12	STAGE	DATE / PIC
	CC3/CAI08016677/Cc ; 04/06/2008	Non-Reporting ltr (1st):	
	CS/FCI10020962/Kqn ; 19/10/2010	Non-Reporting ltr (2nd):	
	SKN 628K - NA/INC16021580/k4 ; 11.10.2016	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:	

REF: Fu/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: S K N 628K

at Workshop m/s   Fu.

of

Insured: SMC 3680G

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: $150k.

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

                           Vehicle: IN / OUT

Date: Person Contacted:

Veh No: S K N 628K   Yr Regn: 3 / 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or (A)

Make: Nissan GT-R 3.8A.c 3799

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

Sp.Reading 123546   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: R35 002067

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: 255/40xr20
             R: 285/35zR20

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

Front   6   Rear   6
R/Bal.   mm   R/Bal.   mm
L/Bal.   6   mm   L/Bal.   6   mm
D.O.A. 3/3/20   D.O.I. 5/3/20

Survey held at

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

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

Date / Time   Action / Instruction

have b.A have video coe 30-9-2028
LTA 28602

Date/Time, File Pass to?   ☐ : Preli. Report

1)   ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:
) ___S + RS.___SI
) Photos
) Others
)

TOTAL