	LKK:
	IDAC:

CC4/III20003815/Apa3

INS. CASE OWNER:

ASSIGNMENT

Surveyor: **ADRIAN**   DOI: 10/03/2020   Date / Time : 10/03/2020

Registered in Merimen: 10/03/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : **SHC 3715R**   Claim No. : _____

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

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

Excess Sec II :S$ D.O.A : 09/03/2020 07:30   Place of Accident : WOODLEIGH ROAD

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**

SMD 7674J →   →   →

INSRS: **FONG**
WSP: **MOTORS**
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMD 7674J - X		STAGE	DATE / PIC
	SHC 3715R - CC3/AIG12001214/H1sg2j2 ; 15/01/2012		Non-Reporting ltr (1st):	
	CC3/TMI15013902/H1gbq2 ; 16/08/2015		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:		

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 ☐

			If NO or B 28, Ass. Lia :
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
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:

ASSIGNMENT

ASS. REC. BY: _____ REF: _____

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 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: SMD7674J. **Yr Regn:** 2018 Sept

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

Make: Hyundai Elantra **c.c** 1591

Colour Blue. **A/C:** Insured / Std / NI / NA

Sp.Reading 25896. **T/Radio:** Insured / Std / NI / NA

Eng/No: _____

C/No: KMH D841CMJ4736976

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: 195/65R15.

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

Front | **Rear**
R/Bal. 06 mm | R/Bal. 06 mm
L/Bal. 96 mm | L/Bal. 06 mm
D.O.A. _____ | D.O.I. 10/03/20

'Survey held at Fony Motor.

Des. 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
	TP 111
	MV :
	PV :
	Nett :

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

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / I.B.E.G

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	
$ + RS. SI	
Photos	
Others	
TOTAL	