

**ASSIGNMENT**

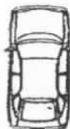
Surveyor: BRYAN

DOI: 16/03/2020

Date / Time: 16/03/2020

Registered in Merimen: -

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHD 3466D  
 Name of Insured : COMFORT TRANSPORTATION PTE LTD  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 11/03/2020  
 Is driver the owner? ( YES /  NO ) Nature of Accident : \_\_\_\_\_

Claim No. : D20001455MFSH  
 Policy No. : D-20094922MFSH  
 Make / Model : \_\_\_\_\_  
 Place of Accident : ALONG TIONG BAHRU ROAD

If NO, Driver Name / Age : LAI KIM SIONG (LAI JINXIANG)

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

Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO)

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

**SH 9922M**



INSRS:  
 WSP: BIFROST AUTO  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS:  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS:  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS:  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
SH 9922M - CC3/AIG16020409/M1wa3q2 - 21/10/2016 NBA/INC19018090/Y - 12/10/2019 NS/INC19018115/Fqf3e2 - 12/10/2019	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
SHD 3466D - CC3/TMI16005735/H1qbn2 - 26/03/2016 CC4/AIG18022324/Dka3 - 07/12/2018	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
LOD	<input type="checkbox"/> <input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>	

<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
	Others: <input type="checkbox"/> <input type="checkbox"/>

<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: S\$ _____ ( _____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>

<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
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Final Liability: % _____ (Agreed / Assessed) BOLA S/N No. : _____	If NO or B 28, Ass. Lia : _____
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Repair Cost: S\$ _____	
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Loss of Rental (LOR): S\$ _____ ( _____ days)	
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Loss of Use (LOU): S\$ _____ (\$ _____ x _____ days)	
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Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)	
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LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]	
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GIA/LTA Search S\$ _____	
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Medical: S\$ _____	1) Claim status: Normal/Reject/Private Settle
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Disbursement: S\$ _____ (e.g. Tow/ Independent )	2) Report Format: _____
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Legal Cost S\$ _____	3) Survey fee: _____
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<b>Total:</b> S\$ _____ <b>Global Sum S\$:</b> _____	
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<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
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Payee 1: S\$ _____ Name 1: _____	
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Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____	
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Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____	
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Surveyor

ASSIGNMENT

DOB 2027 Feb

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: \_\_\_\_\_

Veh No: SH 9922 M Yr Regn: Feb 2019  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi Prime Mover /

Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai Ioniq c.c. 1580  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 148079 T/Radio: Insured / Std / NI / NA  
 Eng/No: G4LEJU168686  
 C/No: KMHCB51CVKU134195

Gen. Cond: Good Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 195/65R15  
 R: — 11 —

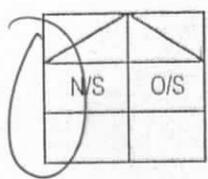
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Davanti

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm

D.O.A. 11/03/2020 D.O.I. 16/03/2022  
 Survey held at Sifrost Sun Ming

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
1/2 Front y 1/2 Body y 1/2 Rear  
 The U/C / Chassis frame / Body Structure affected due to collision.

(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: 9 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>First quote SHD 34667</u>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_  
 2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Report Format : \_\_\_\_\_  
 Lump Sum / I.B.I: (\$) \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 \$ + RS, SI  
 Photos  
 Others  
 TOTAL