

INS. CASE OWNER: MAY CHUA

CC4/FCI20004859/ ka3

LKK:

IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 02/04/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4610M

Claim No. : D20001725MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : 21/03/2020

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

SMN 9950X

INSRS:
WSP: TAN LIM MOTOR
Tel :
Liability :INSRS:
WSP:
Tel :
Liability :INSRS:
WSP:
Tel :
Liability :INSRS:
WSP:
Tel :
Liability :

RMKS:

RMKS:

RMKS:

RMKS:

Date/ Time	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: L/S S\$ 1,650 (3 days) Reduction: 1.676/50 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 24/10/2020 Confirm with PATRICIA

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S\$ 1,765.50

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ 180.00 (\$ 60 x 3 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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$350

Total: S\$ 1,945.50

Global Sum S\$:

FINAL PAYMENT

Date/Time: _____

Confirm with: _____

Email ☐ Call ☐

Payee 1: S\$ 1,945.00

Name 1: TAN LIM MOTOR PTE LTD

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

Name 2:

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

Name 3:

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

741**ASSIGNMENT**

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SMN 9950X

at Workshop m/s

Tan Ken

of

19a

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:

3

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

716A

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

27A33789

Veh No:

SMN 9950X

Yr Regn:

9 119Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

CA /

Make:

mit attrage

c.c

1193

Colour

grey

A/C:

Insured / Std / NI / NA

Sp. Reading

11405

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MMBSTA13AKH002621Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F:

R:

185/55-15

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

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

21/3/20

D.O.I.

6/4/20

Survey held at

Des. 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

6/4/20 Confirmed H/s @ 1650 with MR Tan.

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:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

) S + RS SI

) Photos

) Others

Report Format :

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

TOTAL