

INS. CASE OWNER:

SUNDARI

IDAC:

~~CC4/III19022180/R1pa3~~

Re-opened Case

ASSIGNMENT

Surveyor:

RASUL

DOI: 16/12/2019

Date / Time : 16/12/2019

Registered in Merimen: 17/12/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3623S

Claim No. : MCT19120291

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : MCOM0015

Insured Tel No. : HP: 12/12/2019

Make / Model : HYUNDAI I40

Excess Sec II :S\$

D.O.A : 12/12/2019

Place of Accident : NEWTON CIRCUS

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : LIM MING KENG

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

Driver Tel No. : +65-93847388 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHA 1576Z

INSRS:
WSP: CHUNNI
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHA 1576Z - CC3/AXA11008282/H1q1dc1; DIA : 03.05.11	Non-Reporting ltr (1st):	
	SHD 3623S - CC4/III19011478/T1gb3; DOA: 26.6.19	Non-Reporting ltr (2nd):	
	- NS/INC19018112/Fsf3e2 ; DOA : 14.10.19	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
08/04/2022	*No Response from TP. *Submit WP Report to III.	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: L/sum	S\$ 4,650.00 (8 days) Reduction: 62 %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 21/06/2022 Confirm with: William	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 4,975.50	S\$ 2,487.75 w/GST		
Loss of Rental (LOR): 996.03	498.02 (9 days) x S\$110.67		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI): 360.00	S\$ 180.00 (\$ 40 x 9 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[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: TP	
Legal Cost	S\$	3) Survey fee: \$500 - \$350 = \$150	
Total:	S\$ 3,165.77 Global Sum S\$: 3,160.00		
FINAL PAYMENT	Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ 3,160.00 Name 1: Chunni Motor Work Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		

ASS. REC. BY:

REF:

III

msi / PIP 821R

ASSIGNMENT

From:

Date:

16.12.2019

Estimated Cost:

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

To Inspect Vehicle No:

SHA 1576Z

at Workshop m/s

AMK Autopoint

of

Svon Hook motor #101-05106

Insured:

Policy No.

Claims No.

Sum Insured:

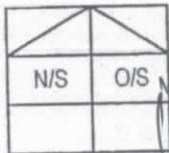
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



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:

SHA 1576Z

Yr Regn:

2015 / may

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

Truck / Trailer or

Make:

HYUNDAI I40 1.7L

C.C

1685

Colour

BLUE

A/C: Insured / Std / NI / NA

Sp. Reading

633320

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB41UMFU068829

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:

205/60R16

R:

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

TOYO / YOKO or

WESTLAK

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

12/12/19

D.O.I.

16/12/19

Survey held at

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

O/S REAR

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Rep. Form:

Lump Sum / L.B.L. (%)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL