15/5/2010

INS. CASE OWNER: DANIEL POOI | CC6/III19015752/Aga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 5/9/19 Date / Time : 05/09/2019

Registered in Merimen: 05/09/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 2394A Claim No. :

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

Insured Tel No. : HP: Make / Model : HYUNDAI I40

Excess Sec II :S$ D.O.A : 26/08/2019 05:55 Place of Accident : HOY FATT ROAD / JALAN BUKIT MERAH

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

If **NO**, Driver Name / Age : MICHAEL OU CHING CHUEN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-97213253 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMN 5030C → → →

INSRS:
WSP: GREEN FOREST AUTOMOBILE
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMN 5030C - X	Non-Reporting ltr (1st):	
	SHA 2394A - CC4/III16003011/T1pb3q2; DOA:9/2/19	Non-Reporting ltr (2nd):	
	- CS/III14010152/T1qm3d1; DOA: 26/5/14	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:	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:		

(08/11/13)

Surveyor: GL. | REF: III

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Green Forest Auto

of _____

Insured: Chris 9271 2214

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: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMN5030C Yr Regn: 14 Aug 2019

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or 245

Make: Toyota Camry c.c 2487

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

Sp.Reading 10100 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTNB23HK703023194

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: 245/55 R17 11

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.		D.O.I.	05-09-19

Survey held at W/S 12pm

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
05/9	Finalised $4200 with Chris.

Date/Time, File Pass to? 1) _____

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Report Format : _____

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

Survey Fee: _____

Transportation: ___S + RS, ___SI

Photos _____

Others _____

TOTAL _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	832G
Vehicle No.:	SMN5030C
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Sep 2019
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY HYBRID 2.5 ASCENT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	A25A5115914
Chassis No.:	JTNB23HK703023134
Maximum Power Output:	160.0 kW (214 bhp)
Open Market Value:	$28,937.00
Original Registration Date:	14 Aug 2019
First Registration Date:	14 Aug 2019
Transfer Count:	0
Actual ARF Paid:	$22,512.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Aug 2029
PARF Rebate Amount:	$16,884.00
COE Expiry Date:	13 Aug 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$36,961.00
COE Rebate Amount:	$36,732.00
Total Rebate Amount:	**$53,616.00**

The information contained herein is correct as at 05 Sep 2019

OK