

ASSIGNMENT

Surveyor:

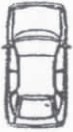
MARCUS

DOI: 16/09/2019

Date / Time: 12/09/2019

Registered in Merimen: 12/09/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8481G

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 : 09/09/2019 22:15

Place of Accident : JUNCTION OF SYED ALWI RD AND JALAN BESAR

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

If NO, Driver Name / Age : ANG KAR HORNG

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

Driver Tel No. : +65-98777833 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

PC 7592G



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	PC 7592G - x	Non-Reporting ltr (1st):	
	SHC 8481G - NBA/INC18010847/Y; DOA:13/6/18	Non-Reporting ltr (2nd):	
	- CC4/III17015698/Uzb3q2; DOA: 3/8/17	Non-Reporting ltr (Final):	
	- CS3/III17004808/K1bm2; DOA: 4/3/17	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		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:	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
				Others:	<input type="checkbox"/>	<input type="checkbox"/>
FINALIZATION		Date/Time:	Confirm with:	Confirm by:		
Repair Cost:	S\$	(days) Reduction:	%	Email	<input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time:	Confirm with	Email	<input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$					
Medical:	S\$					
Disbursement:	S\$	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle			
Legal Cost	S\$	2) Report Format:				
		3) Survey fee:				
Total:	S\$	Global Sum S\$:		Email	<input type="checkbox"/>	Call <input type="checkbox"/>
FINAL PAYMENT		Date/Time:	Confirm with:			
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				

12/03/2011

ASS. REC. BY:

Surveyor: MarcusREF: CS III 19016205/Vg d3

Special Instruction:

ASSIGNMENT (Office)

Date/Time: 12/9/19 @ 10:56am

member

From (Person): Erubriel Wee

of

Bill to:

Estimated Cost:

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

Insured:

SHC 84819

To Inspect Vehicle No:

PC 75929

Tel:

9798 1616

at Workshop m/s

Uni Motor

of

1 Kaki Buleit Ave 6 # 01-94 Autodesk

Claim No:

Policy No:

Excess:

D.O.A. 09/09/19

Sum Insured:

Make of Veh:

(Client's Record)

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

Vehicle IN OUTDate/Time: 12:50pm @ 12/9/19 Person Contacted:Alvin

Date/Time

Action/Instruction

Estimate

PC 75929 - XSHC 84819 - NBK/INC 18/10847 / Y18/9/19 @11.11am checked with Alvin, they agreed to do 'YS' if liability clear.AVA: 13/06/2018

ASS. REC. BY:

REP:

III

ASSIGNMENT

From:

Date:

16/9/19

Estimated Cost:

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

To Inspect Vehicle No: PC 7592G

at Workshop m/s

Uni Motor

of

1 Kaki Bukit Ave 6 # 01-94 Autobay

Insured:

S/C 84816

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Manning

(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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

PC 7592G

Yr Regn:

11/18

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

Truck / Trailer or

(A)

Make:

Toyota here commuter 2754

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

77324

T/Radio: Insured / Std / NI / NA

Eng/No:

GDH 2232000824

C/No:

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 R15

R:

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

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

9/9/19

D.O.I.

16/9/19

Survey held at

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

O/S Body

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

Date / Time

Action / Instruction

* TA 14509

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

Lump Sum / L&J: (\$)

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Wheel end (\$)

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	645M
Vehicle Details	
Vehicle No.:	PC7592G
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Sep 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 2.8 AUTO
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	1GD8322446
Chassis No.:	GDH2232000824
Maximum Power Output:	-
Open Market Value:	\$46,988.00
Original Registration Date:	22 Nov 2018
First Registration Date:	22 Nov 2018
Transfer Count:	0
Actual ARF Paid:	\$2,350.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	21 Nov 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$15,805.00
COE Rebate Amount:	\$14,509.00
Total Rebate Amount:	\$14,509.00

The information contained herein is correct as at 16 Sep 2019

OK