15/5/2010

INS. CASE OWNER: Sundari | CC4/III19016507/ Gga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KLR DOI: 10/7/2019 Date / Time : 17/09/2019

Registered in Merimen: 18/09/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 1293D

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 14/09/2019 00:50

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

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

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : CAR PARK OF BLK 436 AMK AVE 10 (SHELTER DROP OFF)

Nature of Accident : _____

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

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

SLU 9132R → _____ → _____ → _____

INSRS:
WSP: ALLSWELL
Tel : MOTOR
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLU 9132R - CS/FCI19000961/Gqd3; DOA: 13.1.2019
	SHC 1293D - CC3/CTI17001697/H1pa3q2; DOA: 20.1.2017
	- CC3/CAI15012378/H1pa3n2; DOA: 20.7.2015

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:	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:	

ASS. REC. BY: Ez. REF: III

ASSIGNMENT

From: Date: 19/9/19

Estimated Cost:

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

To Inspect Vehicle No: SLH 9132R

at Workshop m/s All8Well

of 24 Defu Lane 12

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: 2pm (waiting)

(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: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS lup

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLH9132R Yr Regn: 18 Dec 2017

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

Make: Toyota Prius Alpha c.c 1797

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

Sp.Reading 186282 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZVW40002714?

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: 205/60 R16

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	19-09-19

Survey held at w/s 2pm

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
	$1050

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

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:	
___$ + RS___SI	
Photos	
Others	
TOTAL	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	889J
Vehicle No.:	SLU9132R
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Sep 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS ALPHA HYBRID 1.8S CVT
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	2ZR0A23417
Chassis No.:	ZVW400027147
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	$29,354.00
Original Registration Date:	18 Dec 2017
First Registration Date:	18 Dec 2017
Transfer Count:	0
Actual ARF Paid:	$18,096.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Dec 2027
PARF Rebate Amount:	$13,572.00
COE Expiry Date:	17 Dec 2027
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	$57,000.00
COE Rebate Amount:	$46,984.00
Total Rebate Amount:	**$60,556.00**

The information contained herein is correct as at 19 Sep 2019

OK