	5		

INS. CASE OWNER:

ZUHAIDAH

CC4/III19017759/Apa3

1	LKK:
	IDAC:

ASSIGNMENT

ADRIAN Surveyor:

DOI: 09/10/2019

08/10/2019 Date / Time:

Registered in Merimen:

08/10/2019

Pre-assign / CCU / FTE

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SH 6521G Insured Vehicle No.

Claim No.

Name of Insured

COMFORT TRANSPORTATION PTE LTD Policy No.

MCOM0015

Insured Tel No. Excess Sec II :S\$ D.O.A: 05/10/2019 12:00

Make / Model :

HYUNDAI 140

(YES / NO)

Place of Accident:

ENTRANCE OF TUNNEL AT KPE TOWARDS CITY

If NO, Driver Name / Age: KHOO KWONG JOO

Nature of Accident:

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

Driver Tel No.: +65-81134186

(V/L: YES / NO)

Final? Yes/No Insured Liability:

SH 6521G

SMJ 6318M

SMF 6224X

INSRS:

WSP: Tel:

INSRS: WSP: Tel:

Liability: RMKS:

INSRS: WSP:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

S\$ S\$

Tel: Liability: OI RMKS:



INSRS: WSP: 1ST Tel: AUTOWORKS Liability:

RMKS:

Liability: RMKS:

Date/ Time		
	SMJ 6318M - X	STAGE DATE / PIC
	SH 6521G - NS/INC18015149/K1tbn2; DOA: 17/8/18	Non-Reporting ltr (1st):
	- CC6/III16011319/Keb3q2; DOA: 13/6/16 - CS3/III15010887/Fpa3n2-1; DOA: 30/6/15	Non-Reporting ltr (2nd):
	- CS3/III15010887/Fpa3n2-1; DOA: 30/6/15	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:
	X Total Control of the Control of th	Towing Invoice
		LTA / GIA :
		Medical Bill:
		PIR:
		Mandate/Reject Instruction:
		LOD
		Payment Breakdown Form:

		Payment Breakdown Form:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:
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	\$2	3) Survey fee:
Total:	S\$ Global Sum S\$:	
FINAL PAYMENT	Date/Time: Confirm with:	Email Call
Pavee 1:	SS Name 1:	

Name 2:

Name 3:

ASSIGNMENT

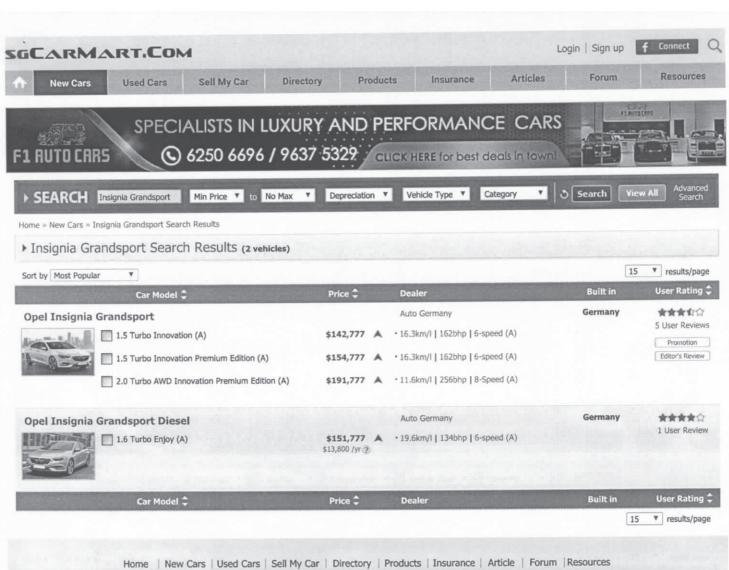
From:	Date:	Veh No:	SMJ6	3/8M.	Yr Regn:	2019/1	March
Estimated Cost:		Type: Arcay/	M.Cycle / B	us / Van / Lo	rry / Taxi / Prin	ne Mover /	
OD/TP/WS/T	PRES / OD RES / EVA / INV / MV	Truck	Trailer or				2 2 44
To Inspect Vehic	de No:	Make:	Opel	Insign	ia.	c.c 159	8
at Workshop m/s	3	Colour	Grey	Insign 87.	A/C: Insu	ired / Std / N	II / NA
of		Sp.Reading	45 K	97.	T/Radio: Inst	ured / Std / N	II / NA
Insured:		Eng/No:					
Policy No.		C/No:	WOV	SW PE E	2K1034	115	
Claims No.		Gen. Cond	600 / Fair /	Poor / Burnt			
Sum Insured:	Excess:	Steering: Iper	gder / Jamm	ed / Leaked /	Burnt or		
(Client's Recor	rd)	Brake: Ino	der / Jamm	ed / Leaked /	Burnt or		
Make of Veh:		Modi: Nil	STRIM I S	TD A/Rim or			
		Tyre Size:	F:	225 5	SRIT.		
(Policy Condition	on)	0.00	R:	225/5	FRIT.		
Remark: The ve	h had commenced its N/S O/S	B3/DUN/E	XNOVA / GY	/ FS / LIZA /	MIC / OHTSU /	PIR / SUMI	1
repair	at the time of inspection.	TOYO / YOF	KO or				
Bal. or Market V	alue:	Front			Rear		
IDAC Accident F	Rport: Consistent? : Yes or No	R/Bal.	06	mm	R/Bal.	06	mm
GIA / PR Seen	Consistent? : Yes or No	L/Bal.	06	mm	L/Bal.	06	mm
Est. Repairs:	days Res.: Yes or No	D.O.A.			D.O.I. 6	9/10/19	,
Lum Sum:	% 3 Val.: Yes or No	'Survey held a	at	1st Act	owork.	///	
CA / REV /	REP. / 24 HRS Vehicle: IN / OUT	Des. of Dama	ages (Prt)/	read on one	N/S / U/C /	Rooftop or	
Date:	Person Contacted:	The U/C	/ Chassis fi	rame / Body	Structure affe	ected due to o	collision.
Date / Time	Action / Instruction						
	TP 111						
	1971	111					
	MV: 135K PV: 484K						
	PV: 48:41C Nett: 76:61C						
	71611 , 10 810						
Date/Time, File Pass	: Preli. Report	Days Of Rep	oair:		-	-	personal section of
1)		Resurvey N	o. of Trip:		Survey Fee		
Date/Time, File Reti			(2)		Transportation		
2)	Add Fee	-			_)S÷RS	SI	
	A CHARLES	: Inten) Photos		
Report Form			. Invs (\$) Others	-	
Lump Sum /	LBJ: (%	: Wee	hend (\$				-2
					90.000	H	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	483E
Vehicle Details	
Vehicle No.:	SMJ6318M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	10 Oct 2019
Vehicle Make:	OPEL
Vehicle Model:	INSIGNIA GRANDSPORT B16DTH
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	A2183328JSUX0421
Chassis No.:	W0VZM6EF2K1034715
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$25,878.00
Original Registration Date:	14 Mar 2019
First Registration Date:	14 Mar 2019
Transfer Count:	0
Actual ARF Paid:	\$28,230.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Mar 2029
PARF Rebate Amount:	\$21,172.00
Intended COE Rebate Details	
COE Expiry Date:	13 Mar 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$33,989.00
COE Rebate Amount:	\$27,191.00
Total Rebate Amount:	\$48,363.00

The information contained herein is correct as at 10 Oct 2019



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