

INS. CASE OWNER: DANIEL POOI

CC4/III19019371/Epa3

LKK:
IDAC:

ASSIGNMENT

Surveyor: STEVE

DOI: 11/04/2019

Date / Time : 31.10.2019

Registered in Merimen: 03.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3834A

Claim No. : _____

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : MCOM0015

Insured Tel No. : _____ HP: _____

Make / Model : TOYOTA PRIUS

Excess Sec II :S\$ _____ D.O.A : 30/10/2019 07:30

Place of Accident JURONG WEST AVE 5 (SLIP RD)TWDS JLN BAHAR

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

If NO, Driver Name / Age : WEE TIT MIN

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

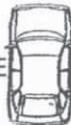
Driver Tel No. : +65-82799118 (V/L: YES / NO)

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

SLX 5574J



INSRS:
WSP: AUTOMOTIVE
Tel : REPAIR CENTRE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLX 5574J - X	Non-Reporting ltr (1st):	
SHD3834A - CC3/AIG17006471/M1wg3s2; DOA:30.3.17	Non-Reporting ltr (2nd):	
- CC4/III17006490/Uea3q2; DOA: 30.3.17	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)	<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: 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\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____

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: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	028Z
Vehicle Details	
Vehicle No.:	SLX5574J
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Nov 2019
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE 1.5G CVT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	L15B5461713
Chassis No.:	GK81201460
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$18,083.00
Original Registration Date:	29 Mar 2018
First Registration Date:	29 Mar 2018
Transfer Count:	0
Actual ARF Paid:	\$8,083.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Mar 2028
PARF Rebate Amount:	\$6,062.00
Intended COE Rebate Details	
COE Expiry Date:	28 Mar 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,000.00
COE Rebate Amount:	\$31,911.00
Total Rebate Amount:	\$37,973.00

The information contained herein is correct as at 04 Nov 2019

OK