

INS. CASE OWNER: **PRIYA**

CC6/III19019387/Aha3

LKK:
IDAC:

ASSIGNMENT

Surveyor: **ADRIAN**

DOI: **30.10.2019**

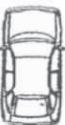
Date / Time : **30.10.2019**

Registered in Merimen: **4.11.2019**

Pre-assign / CCU / FTE

	Insured Vehicle No. :	SHA 7865A	Claim No. :	_____
	Name of Insured :	COMFORT TRANSPORTATION PTE LTD	Policy No. :	MCOM0015
	Insured Tel No. :	_____ HP: _____	Make / Model :	HYUNDAI I40
	Excess Sec II :S\$	_____ D.O.A : 30/10/2019 11:00	Place of Accident :	BEDOK NORTH STREET 1
Is driver the owner? (YES / NO)	Nature of Accident :		_____	
If NO, Driver Name / Age : LEE CHIN KOON		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO		
Driver Tel No. : +65-97851544 (V/L: YES / NO)		Insured Liability : % Final ? Yes / No		

SKB 1012T

	INSRS: WSP: NHT Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:		INSRS: WSP: Tel : Liability : RMKS:
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Date/ Time	STAGE	DATE / PIC
	SHA 7865A - CC4/III19012540/Ugb3q2; DOA: 13.7.19	
	- CS3/III17022684/Wbs2; DOA: 24.11.17	
	- CC6/III17022173/Uzb3q2; DOA: 17.11.17	
	SKB 1012T - X	
	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)	<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 <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\$		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 <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

ASS. REG. BY:

REF:

19387/Ah

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKB1012T. Yr Regn: 2016 / Dec

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

Truck / Trailer or

Make: Mercedes Benz S320L c.c 2996

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

Sp. Reading: 17498. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2221622A27498

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: 275/40R19

R: 275/45R19

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

D.O.I. 30/10/19

*Survey held at NHT.

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
	TP III
	MV :
	PV :
	Nett :

Date/Time, File Pass to? : Preli. 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

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Report Format : _____

Lump Sum / I.B.F. (\$) _____

➤ [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 225I

Vehicle Details

Vehicle No.: SKB1012T
Vehicle to be Exported: No
Intended Deregistration Date: 30 Oct 2019
Vehicle Make: MERCEDES BENZ
Vehicle Model: S320L (R19 LED)
Primary Colour: Silver
Manufacturing Year: 2016
Engine No.: 27682430378119
Chassis No.: WDD2221622A274498
Maximum Power Output: 200.0 kW (268 bhp)
Open Market Value: \$89,948.00
Original Registration Date: 01 Dec 2016
First Registration Date: 01 Dec 2016
Transfer Count: 0
Actual ARF Paid: \$133,907.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 30 Nov 2026
PARF Rebate Amount: \$100,430.00

Intended COE Rebate Details

COE Expiry Date: 30 Nov 2026
COE Category: E - Open Category
COE Period(Years): 10
QP Paid: \$56,340.00
COE Rebate Amount: \$39,907.00
Total Rebate Amount: \$140,337.00

The information contained herein is correct as at 30 Oct 2019

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OK