

Surveyor:

STEVE

DOI: 04/11/2019

## ASSIGNMENT

Date / Time : 07/11/2019

Registered in Merimen: 08/11/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4505J

Claim No. : MCT19100753

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 : 28/10/2019 11:30

Place of Accident : LUXUS HILL AVE

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

If NO, Driver Name / Age : ANG TIAN TEK

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

Driver Tel No. : +65-91895811 (V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SMG 896R

INSRS:  
WSP: Eurokars  
Tel: Habitat  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

| Date/ Time                                      | STAGE                                    | DATE / PIC               |
|-------------------------------------------------|------------------------------------------|--------------------------|
| SMG 896R - X                                    | Non-Reporting ltr (1st):                 |                          |
| SHA 4505J - NS/INC19013708/K1sf3e2; DOAI 4/8/19 | Non-Reporting ltr (2nd):                 |                          |
| - NS/INC19013708/K1sf3e2; DOA: 27/2/16          | 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:                                                |
| Repair Cost:                                                                                                                                              | S\$ ( days) Reduction:               | %                                                            |
| FINAL SETTLEMENT                                                                                                                                          | Date/Time:                           | Confirm with:                                                |
| Final Liability:                                                                                                                                          | % (Agreed / Assessed) BOLA S/N No. : | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| 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 )         |                                                              |
| Legal Cost                                                                                                                                                | S\$                                  |                                                              |
| Total:                                                                                                                                                    | S\$                                  | Global Sum S\$:                                              |
| 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:                                                      |

ASS. REC. BY:

Steve

REF:

III

## ASSIGNMENT

From:

Date:

14/11/19

Estimated Cost:

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

To Inspect Vehicle No:

SMG 896R

at Workshop m/s

Trans Eumkars

of

27A Tanjong Penjuru

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

10am (waiting)  
Jobi

(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 <sup>1up</sup>

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SMG 896R

Yr Regn:

15/11/18

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

Truck / Trailer or

Make:

Mini Cooper S Clubman

C.C.

1998

Colour

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

11447

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WMWL N720302 H56656

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/35R19

R:

4

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

28/10/19

D.O.I.

4/11/19

Survey held at

Trans Eumkars

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

MV-130K

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

|                                     |                                       |
|-------------------------------------|---------------------------------------|
| <b>Vehicle Owner Particulars</b>    |                                       |
| Owner ID Type:                      | Singapore NRIC                        |
| Owner ID:                           | 767F                                  |
| <b>Vehicle Details</b>              |                                       |
| Vehicle No.:                        | SMG896R                               |
| Vehicle to be Exported:             | No                                    |
| Intended Deregistration Date:       | 14 Nov 2019                           |
| Vehicle Make:                       | MINI                                  |
| Vehicle Model:                      | COOPER S CLUBMAN AT LED NAV SR        |
| Primary Colour:                     | Grey                                  |
| Manufacturing Year:                 | 2018                                  |
| Engine No.:                         | F687H819B48A20A                       |
| Chassis No.:                        | WMWLN720302H56656                     |
| Maximum Power Output:               | 141.0 kW (189 bhp)                    |
| Open Market Value:                  | \$39,977.00                           |
| Original Registration Date:         | 15 Nov 2018                           |
| First Registration Date:            | 15 Nov 2018                           |
| Transfer Count:                     | 0                                     |
| Actual ARF Paid:                    | \$47,968.00                           |
| <b>Intended PARF Rebate Details</b> |                                       |
| PARF Eligibility:                   | Yes                                   |
| PARF Eligibility Expiry Date:       | 14 Nov 2028                           |
| PARF Rebate Amount:                 | \$35,976.00                           |
| <b>Intended COE Rebate Details</b>  |                                       |
| COE Expiry Date:                    | 14 Nov 2028                           |
| COE Category:                       | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years):                  | 10                                    |
| QP Paid:                            | \$31,302.00                           |
| COE Rebate Amount:                  | \$28,171.00                           |
| <b>Total Rebate Amount:</b>         | <b>\$64,147.00</b>                    |

The information contained herein is correct as at 14 Nov 2019

OK