

INS. CASE OWNER: **AIDA****CC4/III19020828/Upa3**

LKK:

IDAC:

**ASSIGNMENT**Surveyor: **MARCUS**DOI: **27.11.2019**Date / Time : **25.11.2019**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**

	Insured Vehicle No. : <b>SHA 3691K</b>	Claim No. : _____
	Name of Insured : <b>COMFORT TRANSPORTATION PTE LTD</b>	Policy No. : <b>MCOM0015</b>
	Insured Tel No. : _____ HP: _____	Make / Model : <b>HYUNDAI I40</b>
	<b>Excess Sec II :S\$</b> _____ D.O.A : <b>22.11.2019</b>	Place of Accident : <b>TELOK KURAU ROAD AND LOR G TELOK KURAU</b>
	Is driver the owner? ( YES / NO ) _____ Nature of Accident : _____	
	If NO, Driver Name / Age : <b>GUEK TING HUAK</b>	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
	Driver Tel No. : <b>+65-97848561</b> (V/L: YES / NO )	Insured Liability : % <b>Final ? Yes / No</b>

**SMK 3178P**

	INSRS: <b>WSP: FOCUS AUTO</b>		INSRS: _____		INSRS: _____		INSRS: _____
	Tel : _____		WSP: _____		WSP: _____		WSP: _____
	Liability : _____		Tel : _____		Tel : _____		Tel : _____
	RMKS: _____		Liability : _____		Liability : _____		Liability : _____
			RMKS: _____		RMKS: _____		RMKS: _____

Date/ Time	STAGE	DATE / PIC
	<b>SMK 3178P - X</b>	
	<b>SHA 3691K - CC3/III18019918/K1eb3q2; DOA: 28.10.18</b>	Non-Reporting ltr (1st):
	<b>- CC3/AIG16012090/H1zb3q2; DOA: 28.6.16</b>	Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
		<b>Documentation Check List: Handler Typist</b>
		Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>
		Release Voucher: <input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>
		Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>
		LOD <input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____		Confirm by: _____
Repair Cost: S\$ _____ ( _____ days) Reduction: _____ %		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> 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: _____
<b>Total: S\$ _____ Global Sum S\$: _____</b>		
<b>FINAL PAYMENT</b> 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. REC. BY:

REP:

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SMK3178P

at Workshop m/s focus.

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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

HA 33325

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SMK3178P Yr Regn: 4.19

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

Truck / Trailer or CA /

Make: BYD E6H c.c. Electric

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

Sp. Reading: 65096 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_ C/No: LCOCE4DB4K1000314

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: 225/65R17  
R: \_\_\_\_\_

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

Front R/Bal. 6 mm Rear R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 22/11/19 D.O.I. 27/11/19

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

N/S Frt.

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

28/11/19 1/5 have video at folder  
HA 33300 confirmed with air way

Date/Time, File Pass to?

: Preli. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_

1) \_\_\_\_\_  
Date/Time, File Return to?

Resurvey No. of Trip: \_\_\_\_\_

2) \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Wash end (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\_\_\_\_\_\$ + RS. \_\_\_\_ \$I

Photos

Others

TOTAL

Report Form(s): \_\_\_\_\_

Lump Sum / Fee: \_\_\_\_\_

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## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	075G
Vehicle Details	
Vehicle No.:	SMK3178P
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Nov 2019
Vehicle Make:	BYD
Vehicle Model:	E6H
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	-
Chassis No.:	LC0CE4DB4K1000314
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$28,000.00
Original Registration Date:	04 Apr 2019
First Registration Date:	04 Apr 2019
Transfer Count:	0
Actual ARF Paid:	\$11,200.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Apr 2029
PARF Rebate Amount:	\$8,400.00
Intended COE Rebate Details	
COE Expiry Date:	03 Apr 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$26,659.00
COE Rebate Amount:	\$24,925.00
<b>Total Rebate Amount:</b>	<b>\$33,325.00</b>

The information contained herein is correct as at 28 Nov 2019

OK