15/5/2010

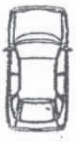
INS. CASE OWNER: AIDA | CC4/III19020924/Gpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 02/12/2019 Date / Time : 26.11.2019

Registered in Merimen: 26.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8641L Claim No. : x

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 17/08/2019 14:00 Place of Accident : GEYLANG LORONG 1

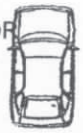
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

GBH 8075R → → →

INSRS:
WSP: EFFICIENT MOTOR & ENGINEERING WORKS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBH 8075R - X SHC 8641L - CC3/III15011684/Rwa3XX; DOA: 11.7.15 - CC3/AIG12024049/H1g2y; DOA: 12.12.12

STAGE	DATE / PIC
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)		
After call ltr to OI:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

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$		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 ☐ Call ☐
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: 6rl REF: III   20974 || Gp – OWK

ASSIGNMENT

From: ______ Date: 2-Dec. 2019

Estimated Cost: ______

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

To Inspect Vehicle No: GBH 8075R

at Workshop m/s Efficient motor

of 56 Loyang way #06-07

Insured: ______

Policy No. ______

Claims No. ______

Sum Insured: ______ Excess: ______

(Client's Record)

Make of Veh: morning

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

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 mp''

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: GBH 8075R Yr Regn: 01 oct 2018

Type: M.Car / M.Cycle / Bus / (Van) / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Nissan NV350 c.c 2488

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

Sp.Reading: 36457 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: JN1MC2E268-0009136

Gen. Cond: Good / Fair / Poor / Burnt — G

Steering: Inorder / Jammed / Leaked / Burnt or ______ — G

Brake: Inorder / Jammed / Leaked / Burnt or ______ — G

Modi: (Nil) / S/Rim / STD A/Rim or ______

Tyre Size: F: 195 R15

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	02-12-19

Survey held at w/s 4pm

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) ______

Date/Time, File Return to?

2) ______

☐ : Preli. Report

☐ : Final Report

Report Format: ______

Lump Sum / I.P.I.C: ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ : Tech. Invs ($ ______)

☐ : Weekend ($ ______)

Survey Fee:	
Transportation:	
__S + RS.__SI	
Photos	
Others	
TOTAL	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	635R
Vehicle No.:	GBH8075R
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Dec 2019
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	YD25425673A
Chassis No.:	JN1MC2E26Z0009136
Maximum Power Output:	-
Open Market Value:	$25,062.00
Original Registration Date:	01 Oct 2018
First Registration Date:	01 Oct 2018
Transfer Count:	0
Actual ARF Paid:	$1,254.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
COE Expiry Date:	30 Sep 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$27,104.00
COE Rebate Amount:	$23,926.00
Total Rebate Amount:	**$23,926.00**

The information contained herein is correct as at 02 Dec 2019

OK