15/5/2010

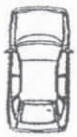
INS. CASE OWNER: AIDA | CC4/III19021306/Upa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 03.12.2019 Date / Time : 03.12.2019

Registered in Merimen: 03.12.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 3811G Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-18088936MFSH

Insured Tel No. : HP: Make / Model : TOYOTA PRIUS

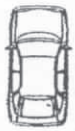
Excess Sec II :S$ D.O.A : 30/11/2019 04:40 Place of Accident : ALONG UPPER CHANGI RD EAST

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

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

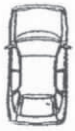
Driver Tel No. : +65-93370363 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

XE 2678X → → →

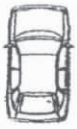


INSRS:
WSP: THINK ONE
Tel : AUTOCARE
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	XE 2678X - X	**STAGE** **DATE / PIC**
	SHA 3811G - CS/MSG18011287/Dtbn2; DOA:19.6.18	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:
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:

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:		

(08/11/13) wef
ASS. REC. BY: Marcus

REF: 11/ 1120/NP

ASSIGNMENT

From: Date:
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: XE 2678X
at Workshop m/s Thinkone
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 LIA 35306
Vehicle: **IN / OUT**
Date: Person Contacted:

Veh No: XE2678X Yr Regn: 3 / 17
Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / ~~Prime Mover~~ / Truck / Trailer** or (A)
Make: Nissan UD Trucks c.c 10837
Colour white A/C: **Insured / Std / NI / NA**
Sp.Reading 148397 T/Radio: **Insured / Std / NI / NA**
Eng/No:
C/No: JNCM1F1A4HU018251
Gen. Cond: **Good / Fair / Poor / Burnt**
Steering: **Inorder / Jammed / Leaked / Burnt** or
Brake: **Inorder / Jammed / Leaked / Burnt** or
Modi **Nil / S/Rim / STD A/Rim** or
Tyre Size: **F:** 11R22.5
R:
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Golden Crown

Front			Rear		
R/Bal.	7	mm	R/Bal.	7/7	mm
L/Bal.	7	mm	L/Bal.	7/7	mm
D.O.A.	30/11/19		D.O.I.	3/12/19	

Survey held at
Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or Frt O/S & N/S frt.
The **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time	Action / Instruction
	have video at folder

Date/Time, File **Pass** to?
1)
Date/Time, File **Return** to?
2)

☐ **: Preli. Report**
☐ **: Final Report**

Days Of Repair:
Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (**$**)
☐ : Interview (**$**)
☐ : Tech. Invs (**$**)
☐ : Weekend (**$**)

Survey Fee:
Transportation:
___S + RS, ___SI
Photos
Others
TOTAL

Report Format :
Lump Sum / I.B.I.: ($)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	609M
Vehicle Details	
Vehicle No.:	XE2678X
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Dec 2019
Vehicle Make:	UD TRUCKS
Vehicle Model:	GKB5ELDHNT ESCOT V
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	GH11741749
Chassis No.:	JNCM1F1A4HU018251
Maximum Power Output:	-
Open Market Value:	$78,762.00
Original Registration Date:	02 Mar 2017
First Registration Date:	02 Mar 2017
Transfer Count:	0
Actual ARF Paid:	$3,939.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	01 Mar 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	$48,741.00
COE Rebate Amount:	$35,306.00
Total Rebate Amount:	**$35,306.00**

The information contained herein is correct as at 03 Dec 2019

OK