

INS. CASE OWNER: JASON TEA

CC4/FCI19022032/Kka3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH

DOI: 13/12/2019

Date / Time : 13/12/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 1499C

Claim No. : D19007866MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-19092580MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI IONIQ

Excess Sec II :S\$ _____ D.O.A : 12/12/2019

Place of Accident : MARTIA RD X JUNCTION ST PARTICK RD

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

If NO, Driver Name / Age : TAN CHENG HWEE

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

Driver Tel No. : +65-91050744 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMJ 1906Z



INSRS: WSP: OPTIMA WERKZ

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SMJ 1906Z - CS/CTI19009892/T1qd3n2; DOA: 29.05.2019	Non-Reporting ltr (1st):	
- NA/INC19013352/z4; DOA : 28/07/19	Non-Reporting ltr (2nd):	
SHC 1499C - CS/FCI19011698/K1td3n2; DOA : 01/07/19	Non-Reporting ltr (Final):	
- CS/FCI18005620/Utd3q2; DOA: 22/03/18	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:

REF: 1021

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.Bal. or Market Value: 93k

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 06 days

Res.: Yes or No

Lum Sum: 1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMJ 19067Yr Regn: 02, 19

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

Truck / Trailer or _____

Make: Hondac.c. 1496Colour: M.P. White

A/C: Insured / Std / NI / NA

Sp. Reading: 77671

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GB7

1073757

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim orTyre Size: F: 185/65R15

R: _____

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

Front

R/Bal. 3 mm

Rear

R/Bal. 3 mmL/Bal. 3 mmL/Bal. 3 mmD.O.A. 12/12/19D.O.I. 13/12/19

Survey held at _____

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

File pass to
GIA not ready

Date/Time, File Pass to?

☐ : Prell. Report

1)

Date/Time, File Return to?

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS. SI

Finitos

Others

TOTAL

Report Format :

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

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	208G
Vehicle Details	
Vehicle No.:	SMJ1906Z
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Dec 2019
Vehicle Make:	HONDA
Vehicle Model:	FREED 1.5G HYBRID AUTO
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	LEB5608546
Chassis No.:	GB71073757
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$25,517.00
Original Registration Date:	25 Feb 2019
First Registration Date:	25 Feb 2019
Transfer Count:	0
Actual ARF Paid:	\$17,724.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Feb 2029
PARF Rebate Amount:	\$13,293.00
Intended COE Rebate Details	
COE Expiry Date:	24 Feb 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$34,509.00
COE Rebate Amount:	\$31,756.00
Total Rebate Amount:	\$45,049.00

The information contained herein is correct as at 12 Dec 2019

OK