

INS. CASE OWNER: JASON TEA

CC4/FCI19022033/Aba3

LKK:

IDAC:

ASSIGNMENT

Aba3q2

Surveyor: ADRIAN

DOI: 16/12/2019

Date / Time : 13/12/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1279G

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S\$ _____ D.O.A : 06/12/2019

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

If NO, Driver Name / Age : YEE TIONG YEOW

Driver Tel No. : +65-91189573 (V/L: YES / NO)

Claim No. : D19007752MFSH

Policy No. : D-18088936MFSH

Make / Model : HYUNDAI I40

Place of Accident : EU TONG SEN STREET TWDS VICTORIA

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

Insured Liability : % Final ? Yes / No

SMM 4782C

INSRS:
WSP: BW WORKSHOP
Tel : SERVICES
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHA1279G - CS/FCI19017123/R1sf3; DOA: 23.09.2019
- CS/FCI15009620/Ugy3q2; DOA : 04.06.2015
- CS3/FCI15002167/Uqbk3; DOA : 25.01.2015
SMM 4782C - X

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:

24/07/2020 SETTLED AND CLOSED

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Confirm by: _____	
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: P/P	S\$ 5,543.00 (6 days) Reduction: 36.07 %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 23/07/2020 Confirm with LANA	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 5,931.01		
Loss of Rental (LOR):(W/GST)	S\$ 642.00 (6 days) X \$100.00		OID rear-ended TP
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ 7.45		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		
Legal Cost	S\$		
Total:	S\$ 6,580.46	Global Sum S\$: 6,500.00	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 6,500.00	Name 1: BW WORKSHOP SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$350.00

ASS. REC. BY:

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

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.

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

Smm4782C

Yr Regn:

2019 June

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

Truck / Trailer or

Make:

Honda Vezel - Hybrid C.C 1496

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

35837

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

243322955

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / ☒ STD A/Rim or

Tyre Size:

F:

215/60R16

R:

215/60R16

BS / ☒ D/N / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

16/12/19

Survey held at

BW

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

TP 1st Cap

P/P = \$5,543.00

R= \$3,128.00 / 36.07%

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + PS \$

Floors

Other:

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Week-end (\$

Report Format:

Lump Sum / LB H/C

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	343K
Vehicle Details	
Vehicle No.:	SMM4782C
Vehicle to be Exported:	Yes
Intended Deregistration Date:	10 Dec 2019
Vehicle Make:	HONDA
Vehicle Model:	VEZEL HYBRID 1.5X AUTO
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	LEB6742969
Chassis No.:	RU31322955
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$28,193.00
Original Registration Date:	28 Jun 2019
First Registration Date:	28 Jun 2019
Transfer Count:	0
Actual ARF Paid:	\$21,471.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jun 2029
PARF Rebate Amount:	\$16,103.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jun 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,564.00
COE Rebate Amount:	\$34,051.00
Total Rebate Amount:	\$50,154.00

The information contained herein is correct as at 10 Dec 2019

OK