15/5/2010

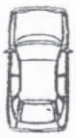
INS. CASE OWNER: JASON TEA | CC4/FCI19022033/Aha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 16/12/2019 Date / Time : 13/12/2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1279G Claim No. : D19007752MFSH

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

Insured Tel No. : HP: Make / Model : HYUNDAI I40

Excess Sec II :S$ D.O.A : 06/12/2019 Place of Accident : EU TONG SEN STREET TWDS VICTORIA

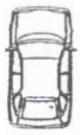
Is driver the owner? (YES / NO) Nature of Accident :

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

Driver Tel No. : +65-91189573 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMM 4782C → → →

INSRS:
WSP: BW WORKSHOP SERVICES
Tel :
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:		

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:

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 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

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: RU3-1322555

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: 215/60R16.

R: 215/60R16.

BS / DUN / 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
	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:

Add Fee: Site Insp ($) ___$ + RS ___$

Interview ($) Photos

Tech. Invs ($) Other

Week end ($

Report Format:

Lump Sum / LB It

> 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