

INS. CASE OWNER:

AIDA

CC4/III19022226/Kpa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI: 26/12/2019

Date / Time : 16/12/2019

Registered in Merimen: 17/12/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 6541R

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : MCOM0015

Insured Tel No. : HP: 12/12/2019

Make / Model : HYUNDAI I40

Excess Sec II :S\$

D.O.A : 12/12/2019

Place of Accident : TECK THYE LANE

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

If NO, Driver Name / Age : KADEL B IBRAHIM

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

Driver Tel No. : +65-88939488 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SDG 5488J

INSRS:
WSP: CHENG
Tel : HOE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SDG 5488J - X	Non-Reporting ltr (1st):	
SHA 6541R - CS/III18016067/Krbs2; DOA:30.08.18	Non-Reporting ltr (2nd):	
- CC3/LCR17016145/K1wa3q2; DOA:16.08.17	Non-Reporting ltr (Final):	
- CC6/III17006649/Dpb3q2; DOA: 23.03.17	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:	

ASS. REC. BY:

REF: TII /

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 Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

04 days

Res.: Yes or No

Lum Sum: _____

131 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SOG 3488JYr Regn: 04, 19Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toy ViosC.C. 1496Colour: M. P. White

A/C: Insured / Std / NI / NA

Sp. Reading: 27188

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NR 2B 231-3601175412Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

205/45R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO orContinental

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 12/12/19D.O.I. 26/12/19

Survey held at _____

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

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

Date / Time

Action / Instruction

1 File pass to

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

Tech Invs (\$ _____)

☐

Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fees

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:	Singapore NRIC
Owner ID:	105G
Vehicle Details	
Vehicle No.:	SDG5488J
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Dec 2019
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5 E (AUTO)
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	2NRX437953
Chassis No.:	MR2B23F3601175412
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$13,788.00
Original Registration Date:	30 Apr 2019
First Registration Date:	30 Apr 2019
Transfer Count:	0
Actual ARF Paid:	\$13,788.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Apr 2029
PARF Rebate Amount:	\$10,341.00
Intended COE Rebate Details	
COE Expiry Date:	29 Apr 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$26,301.00
COE Rebate Amount:	\$24,671.00
Total Rebate Amount:	\$35,012.00

The information contained herein is correct as at 12 Dec 2019

OK