

ASSIGNMENTSurveyor: **KENNETH**

DOI: _____

Date / Time : **18/12/2019**Registered in Merimen: **12/2019****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHA 4332R**

Claim No. : _____

Name of Insured : **COMFORT TRANSPORTATION PTE LTD**Policy No. : **MCOM0015**

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI I40**Excess Sec II : S\$ _____ D.O.A : **11/12/2019 12:15**Place of Accident : **NORTH BRIDGE RD**

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

If NO, Driver Name / Age : **TOH KIM HAN**

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

Driver Tel No. : **+65-96630770** (V/L: YES / NO)Insured Liability : % **Final ? Yes / No****SGN 5242D**INSRS:
WSP: **NGS**
Tel : **AUTOMOTIVE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SGN 5242D - X	
	SHA 4332R - CC3/ICS17017929/K1ea3q2; DOA: 13.09.17	Non-Reporting ltr (1st):
	- CC3/TMI16003339/H1qh3n2; DOA: 18/02/19	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:
Repair Cost:	S\$	(days) Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:
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\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
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: TV / 20357 / 11

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. _____

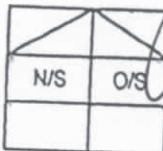
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

04 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 11/21

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SGN5242DYr Regn: 11, 06Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda CRi

c.c

1595Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 189207

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMED 46206S 200306Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD / A/Rim orTyre Size: 205/55R16R: YokoBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 7 mmL/Bal. 6 mmL/Bal. 7 mmD.O.A. 11/12/19D.O.I. 18/12/19

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

L1 Rpt & 2000- email

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fines _____

Others _____

TOTAL

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

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:	268Z
Vehicle Details	
Vehicle No.:	SGN5242D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	25 Dec 2019
Vehicle Make:	HONDA
Vehicle Model:	CIVIC 1.6L VTI AUTO
Primary Colour:	Blue
Manufacturing Year:	2006
Engine No.:	R16A11000395
Chassis No.:	JHMF46206S200326
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	\$18,460.00
Original Registration Date:	21 Nov 2006
First Registration Date:	21 Nov 2006
Transfer Count:	1
Actual ARF Paid:	\$20,306.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	20 Nov 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$25,821.00
COE Rebate Amount:	\$9,837.00
Total Rebate Amount:	\$9,837.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 17 Dec 2019

OK