

**ASSIGNMENT**

Surveyor:

STEVE

DOI: 23/12/2019

Date / Time : 20/12/2019

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE

X



Insured Vehicle No. : SH 9816L

Claim No. : D19008017MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-19092580MFSH

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 18/12/2019 23:40

Place of Accident : ALONG AIRPORT BOULEVARD ROAD TWD ECP

Is driver the owner? ( YES /  NO )

Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

GBE 2222M



INSRS:  
WSP: LI SHENG  
Tel : AUTOMOBILE  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SH9816L - CS/FCI12015606/Uy1k3; DOA : 10.08.12 GBE 2222M - 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:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost: L/S	S\$ 5,000.00 ( 8 days) Reduction: 57 %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b>	Date/Time: _____ Confirm with _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$ ( days)	<b>FCI WILL HANDLE SETTLEMENT</b>	
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$	TOTAL ESTIMATE @ 11,000.00	
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format: <b>WP REPORT</b>	
Legal Cost	S\$	3) Survey fee: \$367.00	
<b>Total:</b>	<b>S\$ Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ Name 1:		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		

FCI WILL HANDLE SETTLEMENT.  
TO SUBMIT WP REPORT ONLY

**FCI WILL HANDLE SETTLEMENT**

Signature *Steve*

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: \_\_\_\_\_

Veh No: *GBE 2922M* Yr Regn: *10/8/19*  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: *Foyola Hiace* c.c. *2982*  
 Colour: *White* A/C: Insured / Std / NI / NA  
 Sp. Reading: *2697.23* T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 CiNo: *KOH 2919043808*  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brakes: In order / Jammed / Leaked / Burnt or  
 Modl: Nil / S/Rlm / STD A/Rlm or

(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: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

Tyre Size: F: *195R15C*  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or *Double Star*  
 Front R/Bal. \$ \_\_\_\_\_ mm Rear R/Bal. \$ \_\_\_\_\_ mm  
 L/Bal. \$ \_\_\_\_\_ mm L/Bal. \$ \_\_\_\_\_ mm  
 D.O.A. *18/12/19* D.O.I. *23/12/19*  
 Survey held at *Li Shing*  
 Dos. of Damages Frnt Rear / O/S / N/S / UIC / Rooftop or

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<i>MV- 10,000</i>	<i>23/12/19 Info workshop Mr Tan SK repair front</i>
<i>PV- 4510</i>	
<i>NV- 5490</i>	

L/S = 5,000.00  
 R= 6,696.48 / 57%

Date/Time, File Plass to?  : Proll. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_

1) \_\_\_\_\_ Date/Time, File Return to?

Resurvey No. of Trlp: 2 x \$50

Survey Fee: \$185.00  
 Transportation: \$100.00

2) \_\_\_\_\_

Add Fee:  : Site Insp (\$)  
 : Interview (\$)  
 : Tech Invs (\$)  
 : Weekend (\$)

Platbe: \$82.00  
 Others: \_\_\_\_\_

Report Format :

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

TOTAL

\$367.00

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	755G
Vehicle Details	
Vehicle No.:	GBE2222M
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Dec 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0DX M
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	1KD1931275
Chassis No.:	KDH2010043808
Maximum Power Output:	-
Open Market Value:	\$30,341.00
Original Registration Date:	10 Aug 2010
First Registration Date:	10 Aug 2010
Transfer Count:	5
Actual ARF Paid:	\$1,518.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	09 Aug 2020
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$31,689.00
COE Rebate Amount:	\$4,510.00
<b>Total Rebate Amount:</b>	<b>\$4,510.00</b>

The information contained herein is correct as at 23 Dec 2019

OK