

15/5/2010

INS. CASE OWNER:

KAREN TAN

CC4/FCI19022387/Eha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

STEVE

DOI: 23/12/2019

Date / Time : 20/12/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



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:	
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by:	
Repair Cost: S\$	(days) Reduction: %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT 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)		
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\$		
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 <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:	

Survivor *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 / Traller or _____
 Make: *Foyota Hiace* c.c. *2982*
 Colour: *White* A/C: Insured / Std / NI / NA
 Sp. Reading: *269723* 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

Tyre Size: F: *195R15C*
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or *Double Star*

Front		Rear
R/Bal. <i>5</i>	mm	R/Bal. <i>5</i>
L/Bal. <i>5</i>	mm	L/Bal. <i>5</i>
D.O.A. <i>18/12/19</i>		D.O.A. <i>23/12/19</i>

Survey held at *Li Shing*
 Dos. of Damages Frnt Rear / O/S / N/S / UIC / Rooftop or

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

(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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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>	

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

Days Of Repair: _____

1) _____
 Date/Time, File Return to?

Resurvey No. of Trlp: _____

2) _____

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

Survey Fee: _____

Transportation: _____

_____ \$ + RS. SI

_____ P/B

_____ Others

Report Format :

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

TOTAL

> 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
Total Rebate Amount:	\$4,510.00

The information contained herein is correct as at 23 Dec 2019

OK