

INS. CASE OWNER: **RACHEL WU**

CC4/FCI19022452/Eka3

LKK:
IDAC:

Surveyor: **STEVE** DOI: **18/12/2019** Date / Time : **18/12/2019**
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **SHA 3638R**
Name of Insured : **COMFORT TRANSPORTATION PTE LTD**
Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : **15/12/2019 19:50**
Is driver the owner? (YES / **NO**) Nature of Accident : _____

Claim No. : **D19007949MFSH**
Policy No. : **D-19092580MFSH**
Make / Model : _____
Place of Accident : **MARINA BLVD >> TEMASEK BLVD**

If NO, Driver Name / Age : **TAY GIM WAH** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : **+65-97925662** (VL: YES / NO) Insured Liability : % **Final ? Yes / No**

SLU 3026D



INSRS:
WSP: **WEARNES**
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
SLU 3026D - X	Non-Reporting ltr (1st):	
SHA 3638R - CC3/AIG14017831/M1we3w2; DOA: 15.09.14	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: _____		

Signature *Steve*

REF:

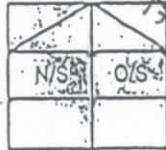
ASSIGNMENT

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: *SL4 30260* Yr Regn: *28/11/17*
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: *Jaguar XE* c.c. *1999*
 Colour: *White* A/C: Insured / Std / NI / NA
 Sp. Reading: *21962* T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 ChNo: *SAJAB4A63HA956890*
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Locked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or

(Policy Condition)

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



Tyre Size: F: *225/45R18*
 R: *u*
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or *Pirelli*
 Front R/Bal. *5* mm Rear R/Bal. *5* mm
 L/Bal. *5* mm L/Bal. *5* mm
 D.O.A. *15/12/19* D.O.I. *18/12/19*
 Survey held at *Wearnes*
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
Front RH
 The UIC / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: _____
 IDAC Accident Report: _____ 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: _____

Date / Time	Action / Instruction
	<i>MV-115K</i>

Date/Time, File Pkcs to? : Procl. Report

1) : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

) \$ + RS. - \$1

) P/B

) Others

)

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Insp (\$

: Weekend (\$

Report Format :

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

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	265I
Vehicle Details	
Vehicle No.:	SLU3026D
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Dec 2019
Vehicle Make:	JAGUAR
Vehicle Model:	XE 2.0 I4P TSS
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	015287160828204PT
Chassis No.:	SAJAB4AG3HA956890
Maximum Power Output:	147.0 kW (197 bhp)
Open Market Value:	\$36,315.00
Original Registration Date:	28 Nov 2017
First Registration Date:	28 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$42,841.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Nov 2027
PARF Rebate Amount:	\$32,130.00
Intended COE Rebate Details	
COE Expiry Date:	27 Nov 2027
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$50,000.00
COE Rebate Amount:	\$39,708.00
Total Rebate Amount:	\$71,838.00

The information contained herein is correct as at 18 Dec 2019

OK