15/5/2010

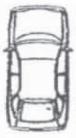
INS. CASE OWNER: JASON TEA | CC4/FCI19022601/Eda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 24/12/2019 Date / Time : 24/12/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 7749C Claim No. : D19008053MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-19092580MFSH

Insured Tel No. : HP: Make / Model : MERCEDES-BENZ

Excess Sec II :S$ D.O.A : 20/12/2019 18:50 Place of Accident : HOLLAND RD TWDS HOLLAND VILLAGI

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

If **NO**, Driver Name / Age : QUEK MAY MAY (GUO MEIMEI) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-85886448 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJA 6888S → → →

INSRS:
WSP: MOVA
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJA6888S - X
	SHA 7749C - CC3/AIG16001169/H1yb3q2; DOA: 17.01.2016
	- NS/INC12015874/H1vn; DOA: 14.08.2012
24/12/19	OINR.

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)	☐	☐
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:	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:	

Surveyor 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:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rport: 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:

Veh No: SJA 6885 Yr Regn: 31/12/11

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Nissan Sylphy C.C 1498

Colour Grey A/C: Insured / Std / NI / NA

Sp.Reading 198317 T/Radio: Insured / Std / NI / NA

Eng/No:

Ch/No: JN1BAAG11Z015 0517

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	23/12/19	D.O.I.	24/12/19

Survey held at Mora

Dos. 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
	MV-26K

Date/Time, File Pass to?

1) : Proll. Report

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: : Site Insp ($) S + RS - SI

: Interview ($) Photos

: Tech Invs ($) Others

: 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:	892G
Vehicle Details	
Vehicle No.:	SJA6888S
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Dec 2019
Vehicle Make:	NISSAN
Vehicle Model:	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
Primary Colour:	Grey
Manufacturing Year:	2011
Engine No.:	HR15188135C
Chassis No.:	JN1BAAG11Z0150517
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	$18,186.00
Original Registration Date:	31 Oct 2011
First Registration Date:	31 Oct 2011
Transfer Count:	2
Actual ARF Paid:	$18,186.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Oct 2021
PARF Rebate Amount:	$10,002.00
Intended COE Rebate Details	
COE Expiry Date:	30 Oct 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	$56,112.00
COE Rebate Amount:	$10,377.00
Total Rebate Amount:	**$20,379.00**

The information contained herein is correct as at 24 Dec 2019

OK