

ASSIGNMENT

Surveyor:

STEVE

DOI: 07/02/2020

Date / Time : 09/01/2020

Registered in Merimen: 09/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 9543Z

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : MCOM0015

Insured Tel No. : HP:

Make / Model : TOYOTA PRIUS

Excess Sec II :S\$

D.O.A : 09/01/2020 08:35

Place of Accident : PRINCE EDWARD RD

Is driver the owner? (YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age : HO NAI PHOCK

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

Driver Tel No. : +65-94243963 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMA 1578J

INSRS:
WSP: PML
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMA 1578J - X		STAGE	DATE / PIC
	SH 9543Z - NA/MSG16020247/r3; DOA: 08.10.16		Non-Reporting ltr (1st):	
	- CC3/AIG12001307/H1sa3k2; DOA: 17.01.12		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\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		
Legal Cost	S\$			
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:		

ASS. REC. BY:

Steve

REF:

TH

ASSIGNMENT

From:

Date:

7.2.2020

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SMA 1578J

at Workshop m/s

Performance

of

303 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured:

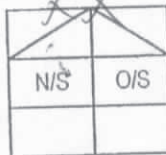
Excess:

(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 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:

Veh No:

SMA 1578J

Yr Regn:

30/5/18

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

Truck / Trailer or

Make:

BMW X1

c.c

1499

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

19766

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBAJG12070EG 21337

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:

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.

9/1/29

D.O.I.

7/2/29

Survey held at

Performance

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

MV-125K

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Rep. Form:

Lump Sum / L.P.C. (\$)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	890C
Vehicle Details	
Vehicle No.:	SMA1578J
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Feb 2020
Vehicle Make:	B.M.W.
Vehicle Model:	X1 SDRIVE18I LED NAV
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	F920H702B38B15A
Chassis No.:	WBAJG12070EG21337
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$35,132.00
Original Registration Date:	30 May 2018
First Registration Date:	30 May 2018
Transfer Count:	0
Actual ARF Paid:	\$41,185.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 May 2028
PARF Rebate Amount:	\$30,888.00
Intended COE Rebate Details	
COE Expiry Date:	29 May 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,501.00
COE Rebate Amount:	\$31,959.00
Total Rebate Amount:	\$62,847.00

The information contained herein is correct as at 10 Feb 2020

OK