

Surveyor:

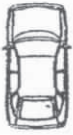
KENNETH

DOI: 10/02/2020

Date / Time : 13/01/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8638Y

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : HP:

Excess Sec II : S\$

D.O.A : 01/01/2020 22:00

Is driver the owner? (YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age : LIM CHIN HWEE

Driver Tel No. : +65-9199539

(V/L: YES / NO)

Claim No. : D20000175MFSH

Policy No. : D-20094922MFSH

Make / Model : HYUNDAI I40

Place of Accident : BLK 608 ELIAS RD

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

Insured Liability : % Final ? Yes / No

GX 2508E

INSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
GX 2508E - X	Non-Reporting ltr (1st):	
SHC 8638Y - CS/FCI16015985/R1gbq2 ; DOA: 21.8.16	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
Survey Type	Notification ltr (if non-pickup):	
WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	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:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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:
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:

REF:

Atk/1
122

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / QD 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.

N/S	O/S

Bal. or Market Value: 8

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 8/24 Person Contacted: _____

Vehicle: IN / OUT

Veh No: GX 2508EYr Regn: 03, 04

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

Truck / Trailer or _____

Make: Toy Litsea

C.C. _____

Colour: Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 227428

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: CR42 5008317Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: MTS/Rim / STD A/Rim orTyre Size: F: 165R13X8

R: _____

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

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 1/1/20D.O.I. 10/2/2020

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. \$

Fees

Others

TOTAL

Report Format :

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

2407.66
200

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC

Owner ID: 581I

Vehicle Details

Vehicle No.: GX2508E

Vehicle to be Exported: No

Intended Deregistration Date: 02 Jan 2020

Vehicle Make: TOYOTA

Vehicle Model: LITEACE 5DR

Primary Colour: Silver

Manufacturing Year: 2004

Engine No.: 3C3988417

Chassis No.: CR425008317

Maximum Power Output: -

Open Market Value: \$18,689.00

Original Registration Date: 13 Mar 2004

First Registration Date: 13 Mar 2004

Transfer Count: 3

Actual ARF Paid: \$935.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 29 Feb 2024

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 5

PQP Paid: \$13,688.00

COE Rebate Amount: \$11,390.00

Total Rebate Amount: \$11,390.00**Message**

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 02 Jan 2020

OK