

INS. CASE OWNER:

RACHEL WU

CC4/FCI20001080/εka3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

STW

DOI:

20/01/2020

Date / Time : 15/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 8238T Claim No. : D20000318MFSH
 Name of Insured : COMFORT TRANSPORTATION PTE LTD Policy No. : D-20094922MFSH
 Insured Tel No. : _____ HP: _____ Make / Model : MERCEDES-BENZ E220
Excess Sec II : \$\$ D.O.A : 10/01/2020 17:15 Place of Accident : UPP CHANGI RD >> XILIN AVE
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : CHEW BOON SENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : +65-96228066 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

OK

SMQ 36D



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
	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"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: \$ (_____ 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: \$ _____		
Loss of Rental (LOR): \$ (_____ days)		
Loss of Use (LOU): \$ (\$ x _____ days)		
Loss of Income (LOI): \$ (\$ 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 \$ _____		
Medical: \$ _____		
Disbursement: \$ (e.g. Tow/ Independent) _____		
Legal Cost \$ _____		
Total: \$ _____ Global Sum S\$: _____		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) \$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) \$ _____ Name 3: _____		

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	757G
Vehicle Details	
Vehicle No.:	SMQ36D
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Jan 2020
Vehicle Make:	BENTLEY
Vehicle Model:	BENTAYGA V8
Primary Colour:	Black
Manufacturing Year:	2019
Engine No.:	DCU014759
Chassis No.:	SJAAL14V1LC028000
Maximum Power Output:	404.0 kW (541 bhp)
Open Market Value:	\$189,250.00
Original Registration Date:	25 Sep 2019
First Registration Date:	25 Sep 2019
Transfer Count:	0
Actual ARF Paid:	\$312,650.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Sep 2029
PARF Rebate Amount:	\$234,487.00
Intended COE Rebate Details	
COE Expiry Date:	24 Sep 2029
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$37,912.00
COE Rebate Amount:	\$34,840.00
Total Rebate Amount:	\$269,327.00

The information contained herein is correct as at 20 Jan 2020

OK