15/5/2010

INS. CASE OWNER: AIDA

CC4/III20001292/Ega3

LKK:
IDAC:

ASSIGNMENT

Surveyor: STEVE

DOI: 22/01/2020

Date / Time : 21/01/2020

Registered in Merimen: 22/01/2020

Pre-assign / CCU / FTE X

Insured Vehicle No. : SHA 4161S

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 18/01/2020 17:30

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : ARULTHAMBI RAJ S/O M ROYALSAMY

Driver Tel No. : +65-92389815 (V/L: YES / NO)

Claim No. : _____

Policy No. : MCOM0015

Make / Model : TOYOTA PRIUS

Place of Accident : AMK AVE 3

Nature of Accident : _____

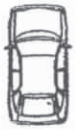
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SKF 6600S → _____ → _____ → _____

INSRS:
WSP: WEARNES
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKF 6600S - X SHA 4161S - CC4/III18019109/Npa3q2; DOA: 28.09.18 - NS/INC18022978/Ntbe2; DOA: 20.12.18

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.

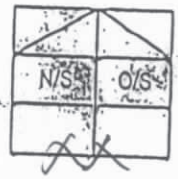
Sum Insured: Excess:

(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

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SKF6600S Yr Regn: 16/4/19

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

Make: Infiniti QX50 c.c 1991

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

Sp.Reading 8113 T/Radio: Insured / Std / NI / NA

Eng/No:

ChNo: 3PCMANJ55Z055218

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl : NII / S/Rim / STD A/Rim or

Tyre Size: F: 255/45RF20

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.	18/1/20	D.O.I.	22/1/20

Survey held at W corners

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

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

Date / Time	Action / Instruction
	MV-120K

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Proll. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

) S + RS) Sl

) Photos

) Others

) ..

TOTAL

Report Format :

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	641A
Vehicle Details	
Vehicle No.:	SKF6600S
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Jan 2020
Vehicle Make:	INFINITI
Vehicle Model:	QX50 2.0T SENSORY
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	KR20030317A
Chassis No.:	3PCMANJ55Z0551218
Maximum Power Output:	200.0 kW (268 bhp)
Open Market Value:	$39,575.00
Original Registration Date:	16 Apr 2019
First Registration Date:	16 Apr 2019
Transfer Count:	0
Actual ARF Paid:	$47,405.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Apr 2029
PARF Rebate Amount:	$35,553.00
Intended COE Rebate Details	
COE Expiry Date:	15 Apr 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$43,102.00
COE Rebate Amount:	$39,794.00
Total Rebate Amount:	**$75,347.00**

The information contained herein is correct as at 22 Jan 2020

OK