

15/5/2010

INS. CASE OWNER:

RACHEL WU

CC4/FCI20001952/T1ea3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

TAUFIKH

DOI: 04/02/2020

Date / Time : 03/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 7178J

Claim No. : D20000532MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40

Excess Sec II :S\$ _____ D.O.A : 19/01/2020 22:00

Place of Accident : CARPARK EXIT - KALLANG WAY

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

If NO, Driver Name / Age : MOHAMED SAFIE BIN KALIL

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

Driver Tel No. : +65-84536116 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

FBF 9530Y



INSRS:
WSP: A.S. PHOON
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	FBF 9530Y - NM/INC16004511/h4; DOA: 27.01.2016	
	SHD 7178J - CS/FCI18012560/K1tbq2; DOA: 08.07.18	
	- CC4/AXA17006999/M1pb3; DOA: 06.04.17	
	Instructions To Surveyor WITHOUT PREJUDICE: LIABILITY CLEAR	
	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"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
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 _____		
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\$ _____		1) Claim status: Normal/Reject/Private Settle
Medical: S\$ _____ (e.g. Tow/ Independent)		2) Report Format:
Disbursement: S\$ _____		3) Survey fee:
Legal Cost S\$ _____		
Total: S\$ _____ Global Sum S\$: _____		Email <input type="checkbox"/> Call <input type="checkbox"/>
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: Tanpin

REF:

FCI

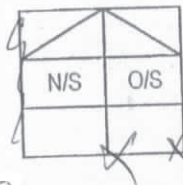
1952

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: 13000
 IDAC Accident Rpt: _____ 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: FBF 95304 Yr Regn: 2012, Feb.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Honda GLH125 c.c 125
 Colour: Red A/C: Insured / Std / NI / NA
 Sp. Reading: 59401 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: LALJ171143C 3009028

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: 2.75/R18
 R: 3.00/R18

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

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. _____ mm	L/Bal. _____ mm
D.O.A. _____	D.O.I. <u>04/02/2020</u>

Survey held at AS Pham
 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

1949
260

Date/Time, File Pass to?

: Preli. Report
 : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____

S + RS. \$ _____

Photos

Others

TOTAL

1) Date/Time, File Return to?

2) _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Report Format: _____

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

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

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	380J
Vehicle Details	
Vehicle No.:	FBF9530Y
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Feb 2020
Vehicle Make:	HONDA
Vehicle Model:	GLH125
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	JA11E2000074
Chassis No.:	LALJA11U3C3009628
Maximum Power Output:	-
Open Market Value:	\$1,657.00
Original Registration Date:	10 Feb 2012
First Registration Date:	10 Feb 2012
Transfer Count:	2
Actual ARF Paid:	\$249.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	09 Feb 2022
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$1,902.00
COE Rebate Amount:	\$382.00
Total Rebate Amount:	\$382.00

The information contained herein is correct as at 05 Feb 2020

OK