## CC4/FCI20002104/Aha3

LKK: IDAC:

INS. CASE OWNER:	IVIA	OHOA	004/1	0120002

ASSIGNMENT

-				
NI	TV	PV	or:	
IJΝ	LL V	C Y	u.	

**ADRIAN** 

DOI: 05/02/2020

Date / Time: 05/02/2020 // 06/02/02 (FR INS)

X

Registered in Merimen:

## Pre-assign / CCU / FTE



SH 8860P Insured Vehicle No.

COMFORT TRANSPORTATION PTE LTD

Claim No.

D20000811MFSH

Policy No.

D-20094922MFSH

Make / Model : SIMEI AVE TWDS TAMPINES

TOYOTA PRIUS HYBRID 4G

Excess Sec II :S\$ Is driver the owner?

(YES/NO)

D.O.A: 03/02/2020 17:50 Nature of Accident :

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

If NO, Driver Name / Age: MOHD SHARIF BIN EMAM KASSIM Driver Tel No.:

+65-97665404

(V/L: YES / NO)

Insured Liability:

Place of Accident:

Final? Yes/No

**SLT 6602B** 



INSRS:

WSP: EUNOS MOTOR Tel: SERVICE

Liability: RMKS:



INSRS: WSP:

Tel: Liability: RMKS:



INSRS:

WSP: Tel: Liability:

RMKS:



INSRS: WSP:

Tel: Liability:

RMKS:

Date/ Time		
	SLT 6602B - NA/FWD20001870/r3; DOA: 03.02.2020	STAGE DATE/PIC
	SH 8860P - CS/FCI18013639/Ksd3e2; DOA: 22.07.18	Non-Reporting ltr (1st):
	- NS/INC11012292/H1y1n; DOA: 24.06.11	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:
	Cout Du	Post-Repair Photos:
RELIMINARY ADVIC	E Date/Time: Sent By:	Others:
INALIZATION	Date/Time: Confirm with:	Confirm by:
	S\$ ( days) Reduction: %	Email Call
epair Cost: INAL SETTLEMENT	Date/Time: Confirm with	Email Call
	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia:
nal Liability:	S\$	
epair Cost:	S\$ ( days)	
oss of Rental (LOR):	S\$ (\$ x days)	
oss of Use (LOU):	S\$ (\$ x days)	
oss of Income (LOI):		
	ly box 200	
	22	
SIA/LTA Search	S\$	1) Claim status: Normal/Reject/Private Settle
IA/LTA Search  fedical:	S\$	Claim status: Normal/Reject/Private Settle     Report Format:
IA/LTA Search  fedical: bisbursement:	S\$ S\$ (e.g. Tow/ Independent )	2) Report Format:
SIA/LTA Search Medical: Disbursement: egal Cost	S\$ S\$ (e.g. Tow/ Independent ) S\$	
SIA/LTA Search Medical: Disbursement: Legal Cost Cotal:	S\$   (e.g. Tow/ Independent )   S\$	2) Report Format: 3) Survey fee:
SIA/LTA Search Medical: Disbursement: Legal Cost Cotal:	S\$   (e.g. Tow/ Independent )	2) Report Format:
OR only LOU on GIA/LTA Search Medical: Disbursement: Legal Cost Cotal: CINAL PAYMENT Payee 1:	S\$         (e.g. Tow/ Independent )           S\$         S\$           S\$         Global Sum S\$:           Date/Time:         Confirm with:           S\$         Name 1:	2) Report Format: 3) Survey fee:
SIA/LTA Search Medical: Disbursement: Legal Cost Cotal: TINAL PAYMENT	S\$   (e.g. Tow/ Independent )	2) Report Format: 3) Survey fee:

## ASSIGNMENT

Toyo Date	Veh No: SLT 6602B. Yr Regn. 2017 NOV
rom Date  Stimated Cost.	Type (M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
	Make: Honda Shittle Hybrid ac 1496 Colour While. A/C: Insured/Std/NI/NA
o Inspect Vehicle No:	Colour While - A/C: Insured/Std/NI/NA
t Workshop m/s	Sp.Reading 146/9 4. T/Radio: Insured / Std / NI / NA
nsured:	Eng/No: 6 P 7/120469 , *
Policy No.	Gen. Cond: Rod / Fair / Poor / Burnt
Claims No.	
ium Insured. Excess:	Steering: I worder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Forder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / (TD A/Rim or 785/55 R15
	Tyle Size.
(Policy Condition)	R: 185/55R15.
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal, or Market Value:	<u>Front</u> <u>Rear</u>
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. OG mm L/Bal. OB mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 05/02/20
Lum Sum: % 3 Val.: Yes or No	Survey held at Euros Moreor -
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Real / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
TP 1st Cays.	
,	
MV: 70/C	
PV: AZ-SIC	
Nett: 27.51C	
77007	
	Dave Of Penairs
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee: - Transportation:
Date/Time, File Return to?  Add Fe	
2) Againe	
	: Interview (\$ ) Photos
Report Format	:Tech. Invs (5) (thes
Eumap Soun / f.B.Ps (5)	: Weel and 18

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	098M
Vehicle Details	
Vehicle No.:	SLT6602B
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Feb 2020
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	LEB6325204
Chassis No.:	GP71120469
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$20,390.00
Original Registration Date:	06 Nov 2017
First Registration Date:	06 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rehate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Nov 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	05 Nov 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,996.00
COE Rebate Amount:	\$38,746.00
Total Rebate Amount:	\$42,496.00

The information contained herein is correct as at 05 Feb 2020

