

INS. CASE OWNER:

JASON TEA

CC4/FCI20002793/Eda3

LKK:

IDAC:

Surveyor:

STEVE

DOI:

ASSIGNMENT

17/02/2020

Date / Time : 17/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4409D

Claim No. : D20000936MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI IONIQ

Excess Sec II : S\$

D.O.A : 10/02/2020 09:40

Place of Accident : INTERNATIONAL BUSSINESS PARK

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age : LIM LAY ENG

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

Driver Tel No. : +65-93274137

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SH 9248B

INSRS: BIFROST
WSP: AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
SH 9248B - CC3/AIG14023925/H1wy3q2 ; DOA: 24.12.14	Non-Reporting ltr (1st):		
CC3/AIG15004572/M1wa3q2 ; DOA : 13.3.15	Non-Reporting ltr (2nd):		
SHA 4409D - CC3/AIG12010254/H1a2g2y; DOA : 22.05.12	Non-Reporting ltr (Final):		
CC3/FCI15011395/Kgy3d1 ; DOA : 07/05/15	Notification ltr (if non-pickup):		
CS/OAC08032420/Cbn ' DOA : 04.12.08	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:	☐	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐
			Others: ☐
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)	
Legal Cost	S\$	2) Report Format:	
Total:	S\$	3) Survey fee:	
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:	

Signature

State

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:

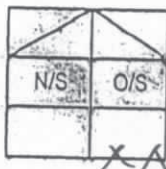
Excess:

(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 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

Date / Time

Action / Instruction

Veh No:

SH 9248 B

Yr Regn:

13/12/18

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

Truck / Traller or

Make:

Toyota Prius

c.c 1797

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp.Reading

14 6952

T/Radio:

Insured / Std / NI / NA

Eng/No:

CiNo:

JTOKB3F4 893977692

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195/65R15

R:

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

Toyota

DAVANTI

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

10/2/20

D.O.I.

17/2/20

Survey held at

Bifrost Auto

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

Rear RH

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

10788.66

442.08

Date/Time, File Pass to?

☐

: Prel. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

: S + RS. SI

: 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:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SH9248B
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Feb 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	2ZR2B83122
Chassis No.:	JTDKB3FU803077602
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	13 Dec 2018
First Registration Date:	13 Dec 2018
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Dec 2026
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	12 Dec 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$22,057.00
COE Rebate Amount:	\$18,799.00
Total Rebate Amount:	\$29,484.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 17 Feb 2020

OK