

ASSIGNMENT

Surveyor: **RASUL** DOI: **18/02/2020** Date / Time : **18/02/2020**
Registered in Merimen: **19/02/2020**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SHD 3165Y** Claim No. : _____ X
Name of Insured : **COMFORT TRANSPORTATION PTE LTD** Policy No. : **MCOM0015**
Insured Tel No. : _____ HP: _____ Make / Model : **HYUNDAI I40**
Excess Sec II :S\$ D.O.A : **10/12/2019 22:30** Place of Accident : **SIGLAP RD TWDS UPP EAST RD**
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : **CHIN YONG KIAT** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : **+65-84444979** (V/L: YES / NO) Insured Liability : % Final ? Yes / No

FBQ 4148T



INSRS:
WSP: **HUP HIN**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
FBQ 4148T - NBA/INC19022338/r3; 10.12.19	Non-Reporting ltr (1st):	
SHD 3165Y -CS/MSG17022091/K1gbn2 ; 15/11/2017	Non-Reporting ltr (2nd):	
NBA/INC19022338/r3 ; 10/12/2019	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"/>
PRELIMINARY ADVICE Date/Time: Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
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: 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: 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\$		
Medical: S\$		
Disbursement: S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$	2) Report Format:	
	3) Survey fee:	
Total: S\$ Global Sum S\$:		
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ Name 1:		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		

ASS. PED. BY:

Rome

REF:

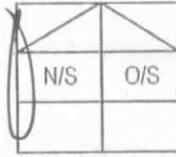
0540

ASSIGNMENT

From _____ Date: _____
 Estimated Cost: _____
 OD / P / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: HUP HIN
 at Workshop m/s PBQ 4148T
 of 1006 BUKIT MERAPI LM 2 #01-02
 Insured: 111
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: PBQ 4148T Yr Regn: 2019 86P
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: YAMAHA NMAX155 ABS c.c. 155
 Colour: WHITE A/C: Insured / Std / NI / NA
 Sp. Reading: 7422 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: M# 35643/000011698
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 110/70-13
 R: 130/70-13
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.
 Bal. or Market Value: 7K
 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



Front _____ Rear _____
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 16/12/19 D.O.I. 18/02/2020
 Survey held at HUP HIN
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	GIA Repus
	Range - 2K-3K / 3 days <i>[Signature]</i>
	20/2/2020

Date/Time, File Pass to? : Preli. Report Days Of Repair: _____
 : Final Report Resurvey No. of Trip: _____
 Date/Time, File Return to? _____
 Add Fee: : Site Insp (\$) _____)
 : Interview (\$) _____)
 : Tech. Invs (\$) _____)
 : Weekend (\$) _____)
 Report Format: _____
 Lump Sum / L.B.I. (%) _____

Survey Fee: _____
 Transportation: _____
 S + RS. SI _____
 Photos _____
 Others _____
 TOTAL _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	054D
Vehicle Details	
Vehicle No.:	FBQ4148T
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Feb 2020
Vehicle Make:	YAMAHA
Vehicle Model:	NMAX155 ABS
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	G3H6E0014531
Chassis No.:	MH3SG431000011698
Maximum Power Output:	-
Open Market Value:	\$2,481.00
Original Registration Date:	26 Sep 2019
First Registration Date:	26 Sep 2019
Transfer Count:	1
Actual ARF Paid:	\$373.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	25 Sep 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$3,601.00
COE Rebate Amount:	\$3,456.00
Total Rebate Amount:	\$3,456.00

The information contained herein is correct as at 19 Feb 2020

OK