15/5/2010

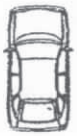
INS. CASE OWNER: JASON TEA | CC4/FCI20002954/ K da3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 20/02/2020 Date / Time : 19/02/2020

Registered in Merimen: — X

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7259H

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 13/02/2020 08:30

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

If NO, Driver Name / Age : TEO BAH HAY

Driver Tel No. : +65-97834998 (V/L: YES / NO)

Claim No. : D20001084MFSH

Policy No. : D-20094922MFSH

Make / Model : HYUNDAI IONIQ HYBRID

Place of Accident : T JUNCTION OF HOUGANG AVE 3 AND DEFU AVE 1

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

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

SKN 7818H → _____ → _____ → _____

INSRS:
WSP: POON SIANG
Tel : SEOW
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKN 7818H - X SH 7259H - CC3/AXA12016077/H1ec3f1 ; 15/08/2012 NS/INC18014585/K1vd3n2 ; 09/08/2018

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:	

ASS. REC. BY:

REF: FCI

ASSIGNMENT

From: _____ Date: 20/2/2020

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SKN 7818H

at Workshop m/s Poon Siang Seow

of Blk 160 Sin Ming Drive #05-13

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Albert @ 96167634

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: $ 56k

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKN 7818H Yr Regn: 07 17

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

Truck / Trailer or (A)

Make: Citroen Cross back c.c 1560

Colour M-Black A/C: Insured / Std / NI / NA

Sp.Reading 52610 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF7NXBHZTGY533216

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: 215/55R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Kumho

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	13/2/20	D.O.I.	20/2/20

Survey held at _____

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

O/S Frt body

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

Date / Time	Action / Instruction

11467.7

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

TOTAL

A Singapore Government Agency Website

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	237D

Vehicle Details

Vehicle No.:	SKN7818H
Vehicle to be Exported:	Yes
Intended Deregistration Date:	15 Feb 2020
Vehicle Make:	CITROEN
Vehicle Model:	DS4 CROSSBACK 1.6 BLUEHDI S&S EAT6
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	10JBHX3001981
Chassis No.:	VF7NXBHZTGY533216
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	$25,839.00
Original Registration Date:	07 Jul 2017
First Registration Date:	07 Jul 2017
Transfer Count:	0
Actual ARF Paid:	$13,175.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Jul 2027
PARF Rebate Amount:	$9,881.00

Intended COE Rebate Details

COE Expiry Date:	06 Jul 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$45,201.00
COE Rebate Amount:	$33,408.00
Total Rebate Amount:	**$43,289.00**

The information contained herein is correct as at 14 Feb 2020

PSS
方 商 昭 噴 漆
POON SIANG SEOW
Sin Ming Autocity
No. 160 Sin Ming Drive
#05-13 Singapore 575722
Tel: 64537511 Fax: 64538046
Email: sitti1@singnet.com.sg

6745 0616

OK