

INS. CASE OWNER:

Sherini Pillai

CC4/III20003026/ ga3

LKK:

IDAC:

Surveyor:

DOI:

ASSIGNMENT

Date / Time : 21/02/2020

Registered in Merimen: 24/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4362M
 Name of Insured : COMFORT TRANSPORTATION PTE LTD
 Insured Tel No. : HP: _____
 Excess Sec II :S\$ _____ D.O.A : 20/2/2020 11:26
 Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : _____
 Policy No. : MCOM0015
 Make / Model : HYUNDAI IONIQ
 Place of Accident : ALONG BOON LAY WAY

If NO, Driver Name / Age : NG ENG HENG

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

Driver Tel No. : +65-92978482 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SG 1222H



INSRS:
 WSP: SMRT, WL
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	STAGE	DATE / PIC
SG 1222H - X	Non-Reporting ltr (1st):	
SHD 4362M - CC3/FCI16005372/Kvh3n2 ; 20.3.16	Non-Reporting ltr (2nd):	
CC3/III16005372/Kzb3q2-1 ; 20.3.16	Non-Reporting ltr (Final):	
CC4/III16008492/Keb3q2 ; 3.5.16	Notification ltr (if non-pickup):	
CC4/III17021423/Dwb3q2 ; 7.11.17	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\$		1) Claim status: Normal/Reject/Private Settle
Medical: S\$		2) Report Format:
Disbursement: S\$	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost S\$		
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: Sun PinREF: III

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 Report: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SG 1222 H Yr Regn: 27/12/2019
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Merz Citaro 0530 64L c.c. 6379
 Colour: Multicolour A/O: Insured / Std / NI / NA
 Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WEB 62808323130956

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/70 R22-5R: 275/70 R22-5

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

Front

R/Bal. 5 mmL/Bal. 5 mmD.O.A. 20/02/2020

Survey held at

SMARTDes. 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

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Formed:

Lump Sum / L.B.I. /

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	292D
Vehicle Details	
Vehicle No.:	SG1222H
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Feb 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	CITARO O530 6.4L AT TURBO ABS
Primary Colour:	Multicolor
Manufacturing Year:	2016
Engine No.:	902926C1111950
Chassis No.:	WEB62808323130956
Maximum Power Output:	-
Open Market Value:	\$282,591.00
Original Registration Date:	27 Dec 2017
First Registration Date:	27 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 24 Feb 2020

OK