5	720	11	)		

## CC3/CTI20004118/Fea3

LKK:	
IDAC:	

2) Report Format:

Call

3) Survey fee:

Email

TATE	CA	CE	OU	TATED	

S\$

S\$

S\$

S\$

S\$

S\$

Date/Time:

Disbursement:

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Legal Cost

Total:

.....

				ASSIGNMENT			
		RAM	DOI:	13/03/2020	Date / Time :	13/03/2020	)
	Surveyor:	10 (10)			Registered in Merin	nen:	
	Pre-assign / CCU /	FTE			registered in the		
1	Insured Vehicle No.	PC 7942E		Claim No.	:		
				D. I' M-			
HH	Name of Insured	:		Policy No.	•		_
	Insured Tel No.	:	HP:	Make / Model	:		
	Excess Sec II :S\$		D.O.A: 13/03/20	20 Place of Accide	ent:		
		( YES / NO )	Nature of Accident :				
	Is driver the owner?	( IES / NO )	Nature of Accident .		DT VES (NO . TD	CIA DEDODT: VE	S / NO
	If NO, Driver Name	e / Age :			RT: YES / NO ; TP	Final? Yes/No	3/110
	Driver Tel N	lo.:	(V/L: YES /	NO ) Insured Liabili	ty: %	Final: 1es/No	
	SHA 4684A			•		<b>→</b>	
	01111100111			· -			
	INSRS:	INSRS		INSRS:		INSRS: WSP:	
1	WSP: COMFORTE			WSP: Tel:	1 7	Tel:	
H H	Tel: Liability:	Tel: Liabili	, t	Liability:	D D	Liability:	
	RMKS:	RMKS	1/4	RMKS:		RMKS:	
		7111111					
	Date/ Time				STAGE	DAT	E/PIC
		SHA 4684A - C	C3/AIG1301740	1/Yg2t2w2 16/09/2013 1/S 16/09/2013	Non-Reporting ltr (1:		Erric
		N	BA/AIG1301843	1/5 16/09/2013	Non-Reporting ltr (2		
		PC 7942E - >	(		Non-Reporting ltr (F		
		FO 1342L - ,			Notification ltr (if no	n-pickup):	
					Call OI:		
					After call ltr to OI:		
					Documentation Che	eck List: Handler	Typist
					Notification ltr (if no	n-pickup)	
					After call ltr to OI:		
					Authorisation To Ac	t:	
					Release Voucher:		
					Final Repair Bill:		
					Car Rental Invoice:		
					Towing Invoice		
					LTA / GIA :		
					Medical Bill:		
					PIR:		
					Mandate/Reject Ins	struction:	
					LOD		
					Payment Breakdov	vn Form:	
DDELIA	IINARY ADVICE	Data/Tima:	Sent By:		Post-Repair Photos		
PRELIN	IINAKI ADVICE	Date/Time.	Selle Dy.		Others:		
EINIALI	ZATION	Date/Time:	Confirm v	with:	Confirm by:		
		S\$ (	days) Reduction		Common of	Email Call	
Repair C		Date/Time:	Confirm with	1. 10	Email Call		
Final Lia			/ Assessed) BOLA S/	N No ·	If NO or B 28, Ass	Lia:	
		S\$	Assessed) BOLA SI	14 140	1110 01 2 20, 11		
Repair C	Rental (LOR):	S\$ (	days)				
	Jse (LOU):	S\$ (\$ x					
		S\$ (\$ x					
LOSS OF I				Tick only one]			
GIA/LTA		SS					
Medical:		S\$			1) Claim status: No	ormal/Reject/Private	Settle

(e.g. Tow/ Independent )

Global Sum S\$:

Confirm with:

Name 1: Name 2:

Name 3:

ASS. REC. BY: Ram	
and the state of t	SIGNMENT
From: Date:	Veh No: SHA 4684 A Yr Regn: 30/12/12016
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toyota Prius Hybrid (G4) c.c 1798
at Workshop m/s	Colour BIUR A/C: Insured / Std / NI / N.
	Sp.Reading 367648 T/Radio: Insured / Std / NI / N.
ofInsured:	Eng/No:
	C/No: JTDK B3FU003539702
Claims No.	Gen. Cond: Good (Fair ) Poor / Burnt
Sum Insured: Excess:	Steering:(Inorder) Jammed / Leaked / Burnt or
(Client's Record)	Brake: (norder) Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil (S/Rim ) STD A/Rim or
IVIANE OI VEII.	
	Tyre Size: F: 195 (65 R15
(Policy Condition)	R:
Remark: The veh had commenced its  repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
×	TOYO/YOKO or DAVANTI
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. C mn
GIA / PR Seen: Consistent?: Yes or No	L/Bal mm L/Bal mn
Est. Repairs: days Res.: Yes or No	D.O.A. 13 03/2020 D.O.I. 13/03/2020
Lum Sum: % 3 Vaf.: Yes ;or No	Survey held at condortdel gro (Lorang)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear O/S ) N/S / U/C / Rooftop or
Vehicle: IN / OUT  Date: Person Contacted:	13 reer great
	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time   Action / Instruction	
	(18)
	China E
ate/Time, File Pass to? : Prell. Report D	lave Of Popular
Tom report	Days Of Repair:
: Final Report R	lesurvey No. of Trip: Survey Fee:
Add Fee:	Transportation:  : Site Insp (\$ ) S ÷ RS. SI
mud Fee.	
eport Format :	
mip Eum / LEJ: (\$ )	:Tech. Invs (\$) Others
ALLEGO = ROSEP F Talk of a Sety	: Weet end 🔅

:Weehend (\*

TOTAL

## > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	821R
Vehicle No.:	SHA4684A
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	2ZRR975051
Chassis No.:	JTDKB3FU003539702
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$31,008.00
Original Registration Date:	30 Dec 2016
First Registration Date:	30 Dec 2016
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Dec 2024
PARF Rebate Amount: Intended COE Rebate Details	\$3,750.00
COE Expiry Date:	29 Dec 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$41,017.00
COE Rebate Amount:	\$24,533.00
Total Rebate Amount: Message	\$28,283.00

The information contained herein is correct as at 16 Mar 2020

reaches its statutory lifespan (if applicable), whichever is earlier.

## COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
Date/Times Pandar Rock/Singapore 40886122
24 Sendko Loop Singapore 758156
7 Sungel Kadut Way Singapore 728791
50 Minun Industrial Region of 16873;
320 Ubi Road 3 Singapore 408849

UTDKB3FU003539702 CHASSIS CODE

305387353 Sales Order: ARC Repair TP(CLSO) JOB CARD JC NO .: SHA4 684 A MILEAGE TOMER COMFORT TRANSPORTATION PTE LTD TOYOTA 7010015 FUEL MS TOMER NO383 SIN MING DRIVE 5.03.2020 10:25 DATE/TIME IN PRIUS HYBRID (G4) Singapore SINGAPORE 575717 MODEL RESS 65508755 30.12.2016 YR OF MANU.

(P)

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 13.03.2020 NATURE: 3P 13.03.2020

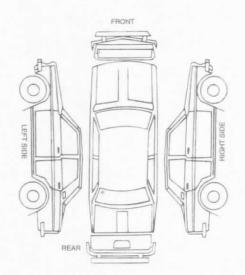
S/NO

(R)

LABOR CODE

DESCRIPTION

(O)



TARGET DATE

COMPLETION DATE/TIME:

CKED & PASSED OUT BY:			
SERVICE ADVISOR			CUSTOMER'S SIGNATURE
rledgement Slip		Exit Pass	
SHA4 684A No.:	CHIANG	Vehicle No.: SHA4 684 A	
of Service Advisor	Signature/Date	Name of Service Advisor	Date
eturned to Service Reception upon co	ollection	To be kept by Security Guard	