

ASSIGNMENT

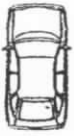
Surveyor:

KENNETH

DOI: 02/04/2020

Date / Time : 02/04/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 7817P

Claim No. : D20001750MFSH

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. : D-20094922MFSH

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : 31/03/2020 06:35

Place of Accident : T-JUNCTION OF YISHUN RING ROAD AND YISHUN ST 61

Is driver the owner? (☒ YES / NO)

Nature of Accident : _____

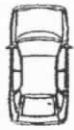
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SKP 7326AINSRS:
WSP: HWA SENG
Tel : SPRAY PAINTING
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHA 7817P -	CC3/AIG12014575/H1b1g2y ; 23/07/2012	
	CC3/AIG14000495/Yha3q2 ; 08/01/2014	
	CS/FCI14016579/Uvm3d1 ; 26/08/2014	
SKP 7326A - X		
	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:	☐
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)	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:

PC2/

Kenneth

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:

4-5 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKP 7328A

Yr Regn:

10, 14

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

Truck / Traller or

Make:

Honda Insight

c.c

1339

Colour

M.D. Gray

A/C:

Insured / Std / NI / NA

Sp. Reading

245810

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

J14ME E2850ES200150

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/55R16

R:

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

Front

Rear

R/Bal.

8

mm

R/Bal.

7

mm

L/Bal.

8

mm

L/Bal.

7

mm

D.O.A.

31/3/20

D.O.I.

2/4/2020

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Fees

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:	578W
Vehicle Details	
Vehicle No.:	SKP7326A
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Apr 2020
Vehicle Make:	HONDA
Vehicle Model:	HONDA INSIGHT 1.3 CVT HYBRID
Primary Colour:	Black
Manufacturing Year:	2014
Engine No.:	LDA35003110
Chassis No.:	JHMZE2850ES200150
Maximum Power Output:	72.0 kW (96 bhp)
Open Market Value:	\$18,210.00
Original Registration Date:	02 Oct 2014
First Registration Date:	02 Oct 2014
Transfer Count:	1
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Oct 2024
PARF Rebate Amount:	\$3,500.00
Intended COE Rebate Details	
COE Expiry Date:	01 Oct 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$62,000.00
COE Rebate Amount:	\$27,865.00
Total Rebate Amount:	\$31,365.00

The information contained herein is correct as at 03 Apr 2020

OK