

15/5/2010

INS. CASE OWNER:

CC3/III17022191 / Kpa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

20/11/17

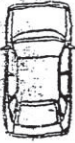
Date / Time:

20/11/17

Registered in Merimen:

20/11/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SH 7304K

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

18/09/17

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

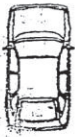
GI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: % Final ? Yes / No

SHB 9530Y



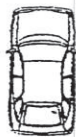
INSRS:

WSP: Trans-Cab (AMK)

Tel:

Liability:

RMKS:



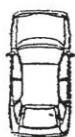
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHB 9530Y - CC3/FCI15021147/KH62 DOA: 09/12/15
 J-CC/FCI11010648/Hufg DOA: 03/06/11
 J-NA/FCI15021097/H4 DOA: 09/12/15
 SH 7304K - CC3/TMI12001726/HH DOA: 20/01/12
 J-NS/ZNC14018769/HH DOA: 30/09/14

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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: TU /Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tens Cab

of _____

Insured: _____

Policy No. _____

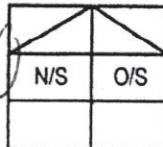
Claims No. _____

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: 02 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14B 95304 Yr Regn: 01, 13Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /

Truck / Trailer or _____

Make: Chvrolet Epica c.c. 1991Colour White IR A/C: Insured / Std / NI / NASp. Reading 645175 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KLILA69RTBB123960Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: Giti 195 165 R15

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. 0 mmL/Bal. 0 mmD.O.A. 18/9/17

Rear

R/Bal. 3 mmL/Bal. 3 mmD.O.I. 20/11/17Survey held at ✓

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

N/S FR body

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

Date / Time	Action / Instruction
<u>21/11/17</u>	<u>File pass to Customer</u>
<u>9</u>	<u>8601</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Report Format :

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

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

Survey Fee: _____

Transportation: _____

____ \$ + RS. ____ SI

Photos

Others

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	3878K
Vehicle Details	
Vehicle No.	SHB9530Y
Vehicle to be Exported	Yes
Intended De-registration Date	20 Nov 2017
Vehicle Make	CHEVROLET
Vehicle Model	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour	Red
Manufacturing Year	2011
Engine No.	Z20S1462153K
Chassis No.	KL1LA69RJBB123960
Maximum Power Output	110.0 kW (147 bhp)
Open Market Value	\$13,971.00
Original Registration Date	29 Jan 2013
First Registration Date	29 Jan 2013
Transfer Count	0
Actual ARF Paid	\$13,971.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	28 Jan 2021
PARF Rebate Amount	\$10,478.00
Intended COE Rebate Details	
COE Expiry Date	28 Jan 2021
COE Category	A - Car (1600cc & below)
COE Period(Years)	8
PQP Paid	\$60,655.00
COE Rebate Amount	\$24,172.00
Total Rebate Amount	\$34,650.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 20 Nov 2017