

INS. CASE OWNER:

CC3 / LCR17022246 / Kpa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

21/11/17

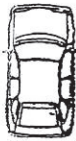
Date / Time:

21/11/17

Registered in Merimen:

22/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 5549R

Claim No. :

Name of Insured : LCR

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : S\$ D.O.A :

Place of Accident :

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. :

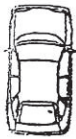
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHB 7764C

INSRS:
WSP: Trans-Cab Camk)

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHB 7764C - CC3/III17014379/Kpa3 DOA: 21/07/17
 - CS1/INC08020028/HXX DOA: 03/03/06
 - CS1/LAW08017765/ly DOA: 03/03/16
 SLK 5549R - X

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:

AIG

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans 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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 1 1/2 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: SHB 77640 Yr Regn: 08, 12Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Chevrolet Epica c.c. 1991Colour White / Red A/C: Insured / Std / NI / NASp. Reading 336091 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KLILA 69RTJB 107638Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Mil / S/Rim / STD A/Rim orTyre Size: F: Giti 195/65R15L/R: Long

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 9 mmL/Bal. 8 mmL/Bal. 9 mmD.O.A. 20/11/17D.O.I. 21/11/17

Survey held at _____

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

Rear N/S

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

Date / Time Action / Instruction

22/11/17 Pls pass to Corbome

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format :

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

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	3878K
Vehicle Details	
Vehicle No.	SHB7764C
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.	Z20S1458333K
Chassis No.	KL1LA69RJBB107638
Maximum Power Output	110.0 kW (147 bhp)
Open Market Value	\$14,384.00
Original Registration Date	28 Aug 2012
First Registration Date	28 Aug 2012
Transfer Count	0
Actual ARF Paid	\$14,384.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	27 Aug 2020
PARF Rebate Amount	\$10,068.00
Intended COE Rebate Details	
COE Expiry Date	27 Aug 2020
COE Category	A - Car (1600cc & below)
COE Period(Years)	8
PQP Paid	\$48,892.00
COE Rebate Amount	\$16,921.00
Total Rebate Amount	\$26,989.00
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