15/5/2010

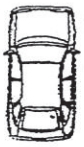
INS. CASE OWNER: Bernie | CC4 / AIG170 22546 / Keaz | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 27/11/17 Date / Time : 27/11/17

Registered in Merimen: 27/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SJV 2886M

Name of Insured : LIM THIAN CHIN

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : 9478 1162 (V/L: YES / NO)

Claim No. : 7383961707SG

Policy No. :

Make / Model : MAZDA 6 2.5L

D.O.A : 16/11/17

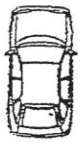
Place of Accident : HILL ST TWO CHINATOWN @ LOR YEW ST JUNCTION

Nature of Accident :

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

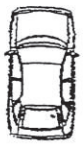
Insured Liability : % **Final ? Yes / No**

SLB 5274R →



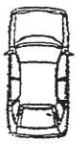
INSRS:
WSP: Poon Siang Seow
Tel :
Liability :
RMKS:

→



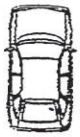
INSRS:
WSP:
Tel :
Liability :
RMKS:

→



INSRS:
WSP:
Tel :
Liability :
RMKS:

→



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLB 5274R - NBA/MSG1702196/Y DOA: 16/11/17
	SJV 2886M2 - CC3/MSG1501093 8/AGKK3 DOA 28/06/15
	- NA/TMI1501077 2/b4 DOA: 28/06/15
29/11/17 (Asher)	- NBA/MSG1702196/Y DOA: 16/11/17

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$		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: Kenneth

REF: AG/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Pan Sing Seow

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: I-B-I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLB 5274R Yr Regn: 04/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai (A) Elantra c.c 1591

Colour M. Gold A/C: Insured / Std / NI / NA

Sp.Reading 35490 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD841CM4U131482

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	16/11/17	D.O.I.	27/11/17

Survey held at _____

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

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

Date / Time	Action / Instruction
28/11	File pass to Catherine

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	0399N

Vehicle Details

Vehicle No.	SLB5274R
Vehicle to be Exported	Yes
Intended De-registration Date	25 Nov 2017
Vehicle Make	HYUNDAI
Vehicle Model	ELANTRA AD 1.6 GLS AT
Primary Colour	Beige
Manufacturing Year	2016
Engine No.	G4FGGU150094
Chassis No.	KMHD841CMHU131482
Maximum Power Output	93.8 kW (125 bhp)
Open Market Value	$12,966.00
Original Registration Date	13 Apr 2016
First Registration Date	13 Apr 2016
Transfer Count	0
Actual ARF Paid	$12,966.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	12 Apr 2026
PARF Rebate Amount	$9,724.00

Intended COE Rebate Details

COE Expiry Date	12 Apr 2026
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	$46,009.00
COE Rebate Amount	$36,807.00
Total Rebate Amount	**$46,531.00**

The information contained herein is correct as at 24 Nov 2017

OK