

INS. CASE OWNER:

Salihah

CC6 / AIG17023090 / Uka3

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

06/12/17

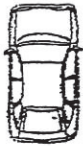
Date / Time:

05/12/17

Registered in Merimen:

05/12/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJE 9642

Claim No.:

Name of Insured:

LAU HAN TIANG

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

03/12/17

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.:

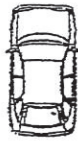
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SJE 74552



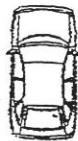
INSRS:

WSP: Jin Auto

Tel:

Liability:

RMKS:



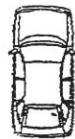
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SJE 74552 - X ; SJE 9642 - 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
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	

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:

REF:

Surveyor: Marcus

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: SGE 74352

at Workshop m/s J. A. Auto

of \_\_\_\_\_

Insured: SJE9642

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: 26

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 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: SGE 74352 Yr Regn: 306

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

Make: Toyota Wish c.c. 1794

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 264245 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: ZNE100290216

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/42R17

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 3/12/17

Survey held at \_\_\_\_\_

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

O/S Rear &amp; Rear

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

Date / Time

Action / Instruction

6/12/17 confirmed 1/5 \$2050 with Jouis

LTA 1678 3yrs 4mo

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee:

☐

: Site Insp (\$

) \$ + RS. \$ SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format: \_\_\_\_\_

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

TOTAL



## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type	Singapore NRIC
Owner ID	2442J
<b>Vehicle Details</b>	
Vehicle No.	SGE7435Z
Vehicle to be Exported	No
Intended De-registration Date	06 Dec 2017
Vehicle Make	TOYOTA
Vehicle Model	WISH 1.8 A
Primary Colour	Grey
Manufacturing Year	2006
Engine No.	1ZZ2489933
Chassis No.	ZNE100290216
Maximum Power Output	97.0 kW (130 bhp)
Open Market Value	\$20,727.00
Original Registration Date	24 Mar 2006
First Registration Date	24 Mar 2006
Transfer Count	3
Actual ARF Paid	\$22,800.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility	Forfeited
PARF Eligibility Expiry Date	-
PARF Rebate Amount	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date	23 Mar 2021
COE Category	B - Car (1601cc & above)
COE Period(Years)	5
PQP Paid	\$25,466.00
COE Rebate Amount	\$16,785.00
<b>Total Rebate Amount</b>	<b>\$16,785.00</b>
<b>Message</b>	
Please note that the 5-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 06 Dec 2017