

INS. CASE OWNER:

CC 3 / AIG17023387 / Syaz

LKK:

IDAC:

Surveyor:

Sebastian

DOI:

07/12/17

Date / Time:

07/12/17

Registered in Merimen:

08/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SBZ 775L

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II : \$\$

D.O.A : 07/12/17

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

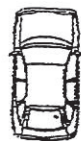
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHD 6260K



INSRS:

WSP: smet (woodlands)

Tel:

Liability:

RMKS:



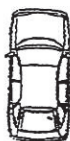
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time				
	SHD 6260K - NS/INC12004312/RH0 DOA: 07/02/17	STAGE	DATE / PIC	
	SBZ 775L - NA/INC10000338/C2 DOA: 06/01/10	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)	<input type="checkbox"/>	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
		LOD	<input type="checkbox"/>	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
		Others:	<input type="checkbox"/>	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: Sent By:				
FINALIZATION Date/Time: Confirm with: Confirm by:				
Repair Cost:	\$S	(days)	Reduction:	%
Email <input type="checkbox"/>		Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>				
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		
Repair Cost:	\$S	If NO or B 28, Ass. Lia :		
Loss of Rental (LOR):	\$S	(days)		
Loss of Use (LOU):	\$S	(\$ x days)		
Loss of Income (LOI):	\$S	(\$ x days)		
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	\$S			
Medical:	\$S			
Disbursement:	\$S	(e.g. Tow/ Independent)		
Legal Cost	\$S			
Total:	\$S	Global Sum \$S:		
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>				
Payee 1:	\$S	Name 1:		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Signature

REF:

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHD 6260K.

Yr Regn: 10/8/2011

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

Truck / Trailer or

Make: Chevrolet Epica.

c.c 1991

Colour Maroon.

A/C: Insured / Std / NI / NA

Sp. Reading 751409

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KL1LA69RJ815C167675

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R15

R: "

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 3/12/2017

D.O.I. 3/12/2017.

Survey held at SMRT.

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

Rear of

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

Date / Time | Action / Instruction

TAX / 12/17/2039

UKF.

AIG.

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair:

1) _____
Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip:

Survey Fee:

2) _____

Transportation:

Report Format :

Add Fee: ☐ : Site Insp (\$) S + RS. SI

☐ : Interview (\$) Photos

☐ : Tech. Invs (\$) Others

☐ : Weekend (\$)

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

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	5369K
Vehicle Details	
Vehicle No.	SHD6260K
Vehicle to be Exported	No
Intended De-registration Date	08 Dec 2017
Vehicle Make	CHEVROLET
Vehicle Model	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour	Maroon
Manufacturing Year	2011
Engine No.	Z20S1454447K
Chassis No.	KL1LA69RJBB067675
Maximum Power Output	110.0 kW (147 bhp)
Open Market Value	\$14,052.00
Original Registration Date	10 Aug 2011
First Registration Date	10 Aug 2011
Transfer Count	0
Actual ARF Paid	\$14,052.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	09 Aug 2019
PARF Rebate Amount	\$9,133.00
Intended COE Rebate Details	
COE Expiry Date	09 Aug 2019
COE Category	A - Car (1600cc & below)
COE Period(Years)	8
QP Paid	\$35,200.00
COE Rebate Amount	\$7,345.00
Total Rebate Amount	\$16,478.00
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 08 Dec 2017

OK



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