

15/5/2010

INS. CASE OWNER:

Kweemay

CC 4/AXA170 23441, Uua3

LKK:

IDAC:

Surveyor:

mfrms

DOI:

ASSIGNMENT

11-12-17

Date / Time :

11-12-17

Registered in Merimen:

8/12/17

Pre-assign / CCU / FTE

FBJ 1337 X



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A: 4-12-17

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

SKS 3063T

INSRS:
WSP: Soc Leon
Tel :
Liability : (MPC)
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SKS 3063T - X; FBJ 1337 X - 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\$ (days)

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:

(08/11/13)

REF:

Surveyor Wen

APR

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKS 3063Tat Workshop m/s Socleon

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKS 3063T Yr Regn: 4/15Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Honda civic C.C. 1598Colour: Meroon A/C: Insured / Std / NI / NASp. Reading: 50982 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRFHFB1630FP000038Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 205/55-22/16

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 4/12/17D.O.I. 11/12/17

Survey held at _____

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

Rear

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

Date / Time Action / Instruction

By 700-70 - 04715 - TRO - 6102211/12/17 Confirmed 2/5 @ 2650 with AH X-ray

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format : _____

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Singapore NRIC
Owner ID	5032C
Vehicle Details	
Vehicle No.	SKS3063T
Vehicle to be Exported	No
Intended De-registration Date	11 Dec 2017
Vehicle Make	HONDA
Vehicle Model	CIVIC 1.6 VTIS A/T ABS D/AIRBAG 2WD
Primary Colour	Red
Manufacturing Year	2014
Engine No.	R16B25100073
Chassis No.	MRHFB1630FP000038
Maximum Power Output	92.0 kW (123 bhp)
Open Market Value	\$20,036.00
Original Registration Date	06 Apr 2015
First Registration Date	06 Apr 2015
Transfer Count	1
Actual ARF Paid	\$20,051.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	05 Apr 2025
PARF Rebate Amount	\$15,038.00
Intended COE Rebate Details	
COE Expiry Date	05 Apr 2025
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	\$61,410.00
COE Rebate Amount	\$44,937.00
Total Rebate Amount	\$59,975.00

The information contained herein is correct as at 11 Dec 2017

OK