15/5/2010

INS. CASE OWNER: Lynn | CC 4 / EQI1702 3761 / Ukas | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 14/12/17 Date / Time : 14/12/17

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : YP 5171B Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 12/12/17 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**

SJL 6725X → → →

INSRS:
WSP: Fastech Auto
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJL 6725 X - CS/INC1402423S/UHK3 DOA: 31/08/14
	YP 5171B - 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: 28/12/14	Sent By: Shirley Hsieu	
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:	

REF: EQ/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJL672X

at Workshop m/s L4.

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: 2 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SJL672X Yr Regn: 12 08

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

Truck / Trailer or CA

Make: Honda Fit c.c 1339

Colour Black A/C: **Insured / Std / NI / NA**

Sp.Reading 15685 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: GE 61081312

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: 195/55R15

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. 12/12/17 D.O.I. 14/12/17

Survey held at

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

Frt n/s.

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

Date / Time	Action / Instruction
20/12/17	L/S @ 1500 confirmed with Alan.

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: ( ) S + RS S

( ) Photos

( ) Others

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

TOTAL

Report Format :

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

(08.11.17)

Surveyor Morgus

REF: EQ/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SJL6725X

at Workshop m/s LH.

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: % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SJL6725X Yr Regn: 12 08

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or (A)

Make: Honda Fit c.c 1339

Colour Black A/C: **Insured / Std / NI / NA**

Sp.Reading 15683 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: GE 61081312

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: 195/50R15

R:

BS / BUN / 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.	12/12/17	D.O.I.	14/12/17

Survey held at

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

Frt n/s.

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

Date / Time	Action / Instruction 27A 7158

Date/Time, File **Pass** to?

1)

Date/Time, File **Return** to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

___S + RS.___SI

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	3407C

Vehicle Details

Vehicle No.	SJL6725X
Vehicle to be Exported	No
Intended De-registration Date	13 Dec 2017
Vehicle Make	HONDA
Vehicle Model	FIT 1.3G A
Primary Colour	Black
Manufacturing Year	2008
Engine No.	L13A4092374
Chassis No.	GE61081312
Maximum Power Output	73.0 kW (97 bhp)
Open Market Value	$11,564.00
Original Registration Date	06 Dec 2008
First Registration Date	06 Dec 2008
Transfer Count	2
Actual ARF Paid	$11,564.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	05 Dec 2018
PARF Rebate Amount	$5,782.00

Intended COE Rebate Details

COE Expiry Date	05 Dec 2018
COE Category	E - Open Category
COE Period(Years)	10
QP Paid	$14,889.00
COE Rebate Amount	$1,378.00
Total Rebate Amount	**$7,160.00**

The information contained herein is correct as at 13 Dec 2017

OK