

15/10/10

INS. CASE OWNER:

Sender:

CC6 / III170 242651 ULES3

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

22/12/17

Date / Time:

22/12/17

Registered in Merimen:

22/12/17

Pre-assign / CCU / FTE

ASSIGNMENT



Insured Vehicle No. : SHD 4533L

Claim No. :

Name of Insured : CTPL

Policy No. :

Insured Tel No. : HP:

Make / Model :

HYUNDAI SONATA

Excess Sec II : S\$

D.O.A. : 09/12/17

Place of Accident :

PORTSDOWN AVE X SLIP RD
TOWNS AVE / TMS DIRECTIONIs driver the owner? (YES / ☒ NO)

Nature of Accident :

LiNO, Driver Name / Age : WONG KOK HOONG

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

Driver Tel No. :

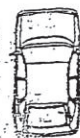
(VL: YES / NO)

Insured Liability : %

Final ? Yes / No

SHD 4533L
OLGBC 8535G
TP

GX 907R



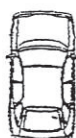
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



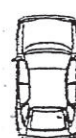
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time

GBC 8535G - NAENC170234851/3 DOA 09/12/17

SHD 4533L - X

*No Estimate.

02/01/18 (22nd)

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\$

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:

Surveyor

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: GASC 8535 G
 at Workshop m/s lius 450
 of _____
 Insured: SND 4533L
 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: e 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: GASC 8535G Yr Regn: 12 13
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CM /
 Make: Toyota hiace C.C. 2982
 Colour: white A/C: Insured / Std / NI / NA
 Sp.Reading: 200479 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTFMT02P500123434
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Insured / Jammed / Leaked / Burnt or
 Brake: Insured / Jammed / Leaked / Burnt or
 Modi: NI / S/Rim / STD A/Rim or
 Tyre Size: F: 195 R15
 R: _____

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date / Time Action / Instruction

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:

____ \$ + RS. ____ \$

Photos

Others

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format :

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

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3585C
Vehicle Details	
Vehicle No.:	GBC8535G
Vehicle to be Exported:	No
Intended De-registration Date:	20 Dec 2017
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE MANUAL
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	1KD2327520
Chassis No.:	JTFHT02P500123434
Maximum Power Output:	-
Open Market Value:	\$25,820.00
Original Registration Date:	27 Dec 2013
First Registration Date:	27 Dec 2013
Transfer Count:	0
Actual ARF Paid:	\$1,291.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 20 Dec 2017 / 18:40:31

Receipt Date/Time : 20 Dec 2017 / 18:40:31

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171220-002045

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SHD4533L As at 09 Dec 2017/08:55:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SHD4533L Enquiry Fee 20171220183912343694	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx4466			
	Credit Card: Visa/MasterCard			7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.