

INS. CASE OWNER:

Rashed

CC6 / AIG170244251 Ves3

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

26/12/17

Date / Time:

27/12/17

Registered in Merimen:

27/12/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBC 7035T

Name of Insured:

AMDARCO PTE LTD

Insured Tel No.:

HP: 96285080

Excess Sec II :SS

D.O.A: 22/12/17

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

9464926369 SG

Policy No.:

1700058793

Make / Model:

NISSAN NV200-1.5 G1

Place of Accident:

JUNCTION WOODLANDS AVE 2 /
WOODLAND AVE 7

If NO, Driver Name / Age: LEE LAI CHUAN

Driver Tel No.: 96285080

(V/L YES / NO)

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

Insured Liability:

%

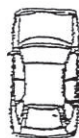
Final ? Yes / No

GBC 7035T

SLN 89845

TP

SLB 5580R



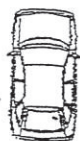
INSRS:

WSP:

Tel:

Liability:

RMKS:



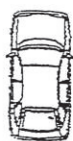
INSRS:

WSP: Legatus

Tel:

Liability:

RMKS:



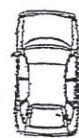
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

Date / Time	STAGE	DATE / PIC
02/01/18 (Ache)	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:
Repair Cost:	SS	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost:	SS	(Agreed / Assessed) BOLA S/N No.:
Loss of Rental (LOR):	SS	(days)
Loss of Use (LOU):	SS	(\$ x days)
Loss of Income (LOI):	SS	(\$ 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	SS	
Medical:	SS	
Disbursement:	SS	
Legal Cost	SS	(e.g. Tow/ Independent)
Total:	SS	Global Sum SS:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS	Name 1:
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3:

REF: AL6/
Simone Marcus

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SLM 89845
at Workshop m/s peysus
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: 6 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: SLN 89845 Yr Regn: 5 / 17
Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or (A)
Make: Nazda 3 C.O. 1496
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 71061 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JM 63N22A8H0152828
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / A/Rim / STD A/Rim or
Tyre Size: F: 205/60R16
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or westlake

Front 6 mm Rear 6 mm
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 22/1/17 D.O.I. 26/1/17
Survey held at _____

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

Rear N/S

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

2 8/1/17 conf.mtd 2/5 @ 4900 with Sam.

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

Site Insp (\$ _____)

\$ + RS \$ _____

Interview (\$ _____)

Photos _____

Tech. Invs (\$ _____)

Others _____

Weekend (\$ _____)

TOTAL

Report Format : _____

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	7200G
Vehicle Details	
Vehicle No.:	SLN8984S
Vehicle to be Exported:	Yes
Intended De-registration Date:	23 Dec 2017
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 SEDAN 1.5 AT EU6
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	P520444459
Chassis No.:	JM6BN22A8H0152828
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,761.00
Original Registration Date:	22 May 2017
First Registration Date:	22 May 2017
Transfer Count:	0
Actual ARF Paid:	\$9,761.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 May 2027
PARF Rebate Amount:	\$7,320.00
Intended COE Rebate Details	
COE Expiry Date:	21 May 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,000.00

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COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,000.00
COE Rebate Amount:	\$48,870.00
Total Rebate Amount:	\$56,190.00

The information contained herein is correct as at 27 Dec 2017