INS. CASE OWNER: CC6 / AIG170 24430, Ueo3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 27/12/17 Date / Time : 27/12/17

Registered in Merimen: 27/12/17

Pre-assign / CCU / FTE SLR 12177

Insured Vehicle No. : | Claim No. :

Name of Insured : | Policy No. :

Insured Tel No. : HP: | Make / Model :

Excess Sec II :S$ D.O.A : 24/12/17 | 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**

SFS 1677C → → →

INSRS: / WSP: Premium / Tel : / Liability : CW2. / RMKS:

INSRS: / WSP: / Tel : / Liability : / RMKS:

INSRS: / WSP: / Tel : / Liability : / RMKS:

INSRS: / WSP: / Tel : / Liability : / RMKS:

Date/ Time	
	SFS 1677C - X ; SLR 12177 - 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$		
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: AIG

ASSIGNMENT

From: Date: 27.12.2017

Estimated Cost:

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

To Inspect Vehicle No: SFS 1622C

at Workshop m/s Premium Carz

of Blk 1 Kaki Bukit Ave 6 #01-90

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: 2 Consistent? : Yes or No

Est. Repairs: 4 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: SFS 1622C Pagn. 2 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA

Make: Hyundai Elantra c.c 1591

Colour Blue A/C Insured / Std / NI / NA

Sp.Reading 28625 T Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHDH41CMGU655414

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: 205/55R16

R:

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	27/12/17	D.O.I.	27/12/17

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or N/S Rear 6

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

Date / Time	Action / Instruction
28/12/17	L/S #2050 confirmed with Aun Jung.

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:

Photos

Others

Add Fee: ☐ : Site Insp $

☐ : Interview $

☐ : Tech. Insp $

☐ : Weekend $

Report Format :

Lump Sum / I.B.I: $

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	4623G

Vehicle Details

Vehicle No.:	SFS1622C
Vehicle to be Exported:	No
Intended De-registration Date:	27 Dec 2017
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	G4FGFU065658
Chassis No.:	KMHDH41CMGU655414
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	$15,245.00
Original Registration Date:	20 Feb 2016
First Registration Date:	20 Feb 2016
Transfer Count:	0
Actual ARF Paid:	$15,245.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Feb 2026
PARF Rebate Amount:	$11,433.00

Intended COE Rebate Details

COE Expiry Date:	19 Feb 2026
COE Category:	E - Open Category

COE Period(Years):	10
QP Paid:	$51,000.00
COE Rebate Amount:	$41,568.00
Total Rebate Amount:	**$53,001.00**

The information contained herein is correct as at 27 Dec 2017

OK