

13/2/2010

INS CASE OWNER:

CC 3 / LCR17024480 / Sjs3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Sebastian

DOI:

26/12/17

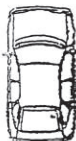
Date / Time:

26/12/17

Registered in Merimen:

27/12/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLR 34066

Claim No.:

Name of Insured:

LCR

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

22/12/17

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SHC 45855



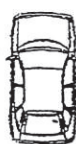
INSRS:

WSP: Smart Woodlader

Tel:

Liability:

RMKS:



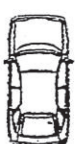
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

SHC 45855 - X ; SLR 34066 - 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\$

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:

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

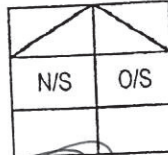
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: S4C 45855Yr Regn: 8/9/2014Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Priusc.c 1798Colour: Maroon

A/C: Insured / Std / NI / NA

Sp.Reading: 35335

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JT0KN364X05748487Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: NI / S/Rim / STD A/Rim orTyre Size: F: 195/65R15R: 11

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

TOYO / YOKO or Falken

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 22/12/2017D.O.I. 26/12/2017Survey held at SWATDes. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time | Action / Instruction

TAX / 12/17/2017

LKR.

AIG

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report1) _____
Date/Time, File Return to?

2) _____

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

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

) S + RS. SI

) Photos

) Others

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	5369K
Vehicle Details	
Vehicle No.:	SHC4585S
Vehicle to be Exported:	No
Intended De-registration Date:	27 Dec 2017
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR6123564
Chassis No.:	JTDKN36UX05748487
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	08 Sep 2014
First Registration Date:	08 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Sep 2022
PARF Rebate Amount:	\$6,066.00
Intended COE Rebate Details	

COE Expiry Date:	07 Sep 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,704.00
COE Rebate Amount:	\$29,768.00
Total Rebate Amount:	\$35,834.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 27 Dec 2017

OK