

INS. CASE OWNER:

CC 3 / AIG170 24578 / Khs3

LKK:
IDAC:

Surveyor:

KENNETH

DOI:

ASSIGNMENT

27/12/17

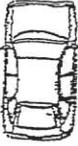
Date / Time:

27/12/17

Pre-assign / CCU / FTE

Registered in Merimen:

28/12/17



Insured Vehicle No. : Skw 3386R

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II : SS _____ D.O.A: 28/12/17

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

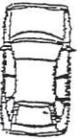
Make / Model : _____

Place of Accident : _____

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

Insured Liability : % Final ? Yes / No

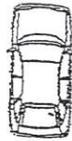
SHB 766C



INSRS:
WSP: Tans-Cab Camk
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date / Time

SHB 766C - CS/GAT17019617/Kab2 DOA: 08/19/17
- NA/INC17019549/CS DOA: 08/10/17
Skw 3386R - 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:	Confirm with:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	SS	(days) Reduction:	%	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Repair Cost:	SS	If NO or B 28, Ass. Lia :			
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				
FINAL PAYMENT		Date/Time:	Global Sum SS:	Confirm with:	Email <input type="checkbox"/>
Payee 1:	SS	Name 1:		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 2: (Strike if N.A.)	SS	Name 2:			
Payee 3: (Strike if N.A.)	SS	Name 3:			

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format:
- 3) Survey fee:

ASS. REC. BY:

REF: AIG/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Trans Cob

of _____

Insured: _____

Policy No. _____

Claims No. _____

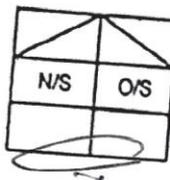
Sum Insured: _____ Excess: _____

(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: 05 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: S11B 7666 Yr Regn: 01.13

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

Truck / Trailer or _____

Make: Chevrolet Epica c.c. 1991

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 846543 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL11A69R JBB 122650

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: Giti 195/65R15
R: Palko

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

TOYO / YOKO or _____

Front

R/Bal. 3 mm

L/Bal. 3 mm

D.O.A. 23/10/17

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
<u>28/12</u>	<u>5th pass to Corburne</u>
<u>7</u>	<u>City 855501</u>

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

_____ S + RS _____ SI

) Photos

) Others

TOTAL

Report Format :

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHB7666C
Vehicle to be Exported:	Yes
Intended De-registration Date:	26 Dec 2017
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	Z20S1461320K
Chassis No.:	KL1LA69RJBB122650
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$13,971.00
Original Registration Date:	29 Jan 2013
First Registration Date:	29 Jan 2013
Transfer Count:	0
Actual ARF Paid:	\$13,971.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jan 2021
PARF Rebate Amount:	\$10,478.00
Intended COE Rebate Details	

COE Expiry Date:	28 Jan 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$60,655.00
COE Rebate Amount:	\$23,418.00
Total Rebate Amount:	\$33,896.00
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 26 Dec 2017

OK