15/5/2010

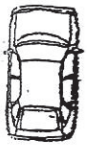
INS. CASE OWNER: CC 4/ FWD170 24617 / KES3 | LKK: | IDAC:

ASSIGNMENT

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

Registered in Merimen: 28/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SLF 8487C

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 22/12/17

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

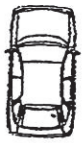
Nature of Accident :

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

Insured Liability : % **Final ? Yes / No**

UNKNOWN → SJV 269H → SLF 8487C (OI) → SKX 9402H (TP)

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP: City Auto
Tel :
Liability :
RMKS:

Date/ Time	
	SKX 9402H - X ; SLF 8487C - 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: 28/12/17 Sent By: Shirley Hsieu

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:	

ASS. REC. BY: Kenneth

REF: FWD/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s City Nb

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: 824k

IDAC Accident Rport: _____ Consistent? : **Yes or No**

GIA / PR Seen: _____ Consistent? : **Yes or No**

Est. Repairs: _____ 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: SK X9402H Yr Regn: 05, 05

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

Make: Mazda 3 c.c 1999

Colour M. Grey A/C: **Insured / Std / NI / NA**

Sp.Reading 110456 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: JM6BL10F1A0100495

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or _____

Brake: **Inorder / Jammed / Leaked / Burnt** or _____

Modi : **Nil / S/Rim / STD A/Rim** or _____

Tyre Size: F: 215/50R17

R: _____

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

Front		Rear	
R/Bal.	1 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	22/12/17	D.O.I.	27/12/17

Survey held at _____

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

L RH

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

Date / Time	Action / Instruction
28/12	File pass to Catherine.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Others	
TOTAL	

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	4579G
Vehicle Details	
Vehicle No.:	SKX9402H
Vehicle to be Exported:	Yes
Intended De-registration Date:	28 Dec 2017
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 2.0L SDN
Primary Colour:	Grey
Manufacturing Year:	2009
Engine No.:	LF10776963
Chassis No.:	JM6BL10F1A0100495
Maximum Power Output:	108.0 kW (144 bhp)
Open Market Value:	$23,315.00
Original Registration Date:	05 May 2009
First Registration Date:	05 May 2009
Transfer Count:	2
Actual ARF Paid:	$23,315.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 May 2019
PARF Rebate Amount:	$12,823.00
Intended COE Rebate Details	
COE Expiry Date:	04 May 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	$7,789.00
COE Rebate Amount:	$1,010.00
Total Rebate Amount:	**$13,833.00**

The information contained herein is correct as at 28 Dec 2017

OK

Enquire Transfer Fee

Vehicle Details

Vehicle No. :	SKX9402H
Vehicle Type :	N18 - Passenger (Co) Company Car (Single Rate)
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	MAZDA
Vehicle Model :	MAZDA3 2.0L SDN
Chassis No. :	JM6BL10F1A0100495
Propellant :	Petrol
Engine No. :	LF10776963
Engine Capacity :	1999 cc
Maximum Power Output :	108.0 kW (144 bhp)
Maximum Laden Weight :	1810 kg
Unladen Weight :	1324 kg
Year Of Manufacture :	2009
Original Registration Date :	05 May 2009
Lifespan Expiry Date :	-
COE Category :	E - Open Category
Quota Premium :	$7,789.00
COE Expiry Date :	04 May 2019
Road Tax Expiry Date :	04 May 2018
PARF Eligibility Expiry Date :	04 May 2019
Inspection Due Date :	04 May 2018