

INS. CASE OWNER:

Boyagan

CC 4/ LCR170 24 7271 KWS3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

29/12/17

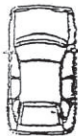
Date / Time:

29/12/17

Registered in Merimen:

29/12/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLF 503 S

Name of Insured:

LCR

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

27/12/17

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

2958216132 SG

Policy No.:

0999995053

Make / Model:

MAZDA 2-1.5 SEDAN L SP. 6 GATU

Place of Accident:

ALONG BKE BEFORE WOODLANDS
AVE 12

If NO, Driver Name / Age:

MAK MUN FAI (MAI WENHUI)

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

Driver Tel No.:

8821 2626

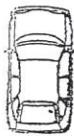
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SLF 5483M



INSRS:

WSP:

Tel:

Liability:

RMKS:

Cheng Hwee (taken)



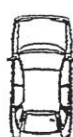
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

03/01/18 (vian)

OLE 5483M - X ; SLF 503S - 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:

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 _____

of _____

Insured: _____

Policy No. _____

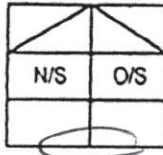
Claims No. _____

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 Report: _____ Consistent?: Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLE 5483m Yr Regn: 07. 06

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

Truck / Trailer or

Make: Honda c.c. 1496

Colour M.P. White A/C: Insured / Std / NI / NA

Sp. Reading 28033 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU3 1178597

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: 215/55R17

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 27/12/17

D.O.I. 29/12/17

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

2/1 File pass to Catherine

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

S + 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: Singapore NRIC

Owner ID: 1427F

Vehicle Details

Vehicle No.: SLE5483M

Vehicle to be Exported: Yes

Intended De-registration
Date: 27 Dec 2017

Vehicle Make: HONDA

Vehicle Model: VEZEL 1.5Z HYBRID A

Primary Colour: White

Manufacturing Year: 2016

Engine No.: LEB5068612

Chassis No.: RU31118597

Maximum Power Output: 112.0 kW (150 bhp)

Open Market Value: \$25,473.00

Original Registration Date: 26 Jul 2016

First Registration Date: 26 Jul 2016

Transfer Count: 0

Actual ARF Paid: \$12,663.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry
Date: 25 Jul 2026

PARF Rebate Amount: \$9,497.00

Intended COE Rebate Details

COE Expiry Date: 25 Jul 2026

COE Category: E - Open Category

COE Period(Years): 10

QP Paid: \$55,100.00

COE Rebate Amount: \$44,080.00

Total Rebate Amount: \$53,577.00

The information contained herein is correct as at 27 Dec 2017

OK