13/5/2010

INS. CASE OWNER: Boyogan | 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	Claim No. : 2958216132 SG
Name of Insured : LCR	Policy No. : 0999995053
Insured Tel No. : HP:	Make / Model : MAZDA 2-1.5 SEDAN L SP. 6 EAT(A)
Excess Sec II :S$ D.O.A: 27/12/17	Place of Accident : ALONG BKE BEFORE WOODLANDS AVE 12
Is driver the owner? (YES / NO) [NO circled]	Nature of Accident :

If NO, Driver Name / Age : MAK MUN FAI (MAI WENHUI)

Driver Tel No. : 8821 2626   (V/L: YES / NO) [YES circled]

OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]

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

SLE 5483M → → →

INSRS: WSP: Cheng Hoe (Yishun) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
03/01/18 (vivian)	SLE 5483M - X ; SLF 503 S - 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:	

ASS. REC. BY: Kenneth

REF: AG1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Choy Hoe

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

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

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLE5483M Yr Regn: 07

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

Make: Honda ~~Accord~~ Vezel 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 - 1118597

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?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. 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:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	

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