

INS. CASE OWNER:

CC 3 / III 18000022 / Kys3

LKK:

IDAC:

Surveyor:

KEN NETH

DOI:

29/12/17

Date / Time :

29/12/17

Registered in Merimen:

0260118

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 734 C

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : \$\$

D.O.A : 27/12/17

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

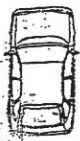
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHB 7804X



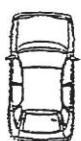
INSRS:

WSP: Trans-cab (Amk)

Tel :

Liability :

RMKS:



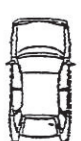
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHB 7804X - CC3/CTI1701587C/Kys3 DOA: 11/08/17

STAGE

DATE / PIC

- CC3/III1700603S/Kys3 DOA: 24/03/17

Non-Reporting ltr (1st):

- CC3/III17021134/Kys3 DOA: 01/11/17

Non-Reporting ltr (2nd):

SH 7341 C - CC3/AIG1601057S/H12532 DOA: 06/06/16

Non-Reporting ltr (Final):

- CC/III09005942/YH DOA: 17/03/09

Notification ltr (if non-pickup):

- CS/INC09005835/Yph DOA: 04/03/09

Call OI:

- NA/INC09004927/AW DOA: 04/03/09

After call ltr to OI:

- NJA/ISS09005371/K1 DOA: 17/03/09

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$\$

(

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:

\$\$

Loss of Rental (LOR):

\$\$

(

days)

Loss of Use (LOU):

\$\$

(\$

x

days)

Loss of Income (LOI):

\$\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$\$

Medical:

\$\$

Disbursement:

\$\$

(e.g. Tow/ Independent)

Legal Cost

\$\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$\$

Global Sum \$\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$\$

Name 1:

Payee 2: (Strike if N.A.)

\$\$

Name 2:

Payee 3: (Strike if N.A.)

\$\$

Name 3:

ASS. REC. BY:

REF: TU /Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tens 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.

	
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S11B 7804X Yr Regn: 09, 12Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Chevrolet Epizp c.c. 199Colour: White / R A/C: Insured / Std / NI / NASp. Reading: 450919 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL1LA69RTBB 098439Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Giti

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 29/12/17D.O.I. 29/12/17Survey 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>2/1</u>	<u>File pass to Customer</u>
	<u>11 Day @ 5650/.</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

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.:	SHB7804X
Vehicle to be Exported:	Yes
Intended De-registration Date:	28 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.:	Z20S1456002K
Chassis No.:	KL1LA69RJBB098439
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,316.00
Original Registration Date:	26 Sep 2012
First Registration Date:	26 Sep 2012
Transfer Count:	0
Actual ARF Paid:	\$14,316.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Sep 2020
PARF Rebate Amount:	\$10,021.00
Intended COE Rebate Details	

COE Expiry Date:	25 Sep 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$51,531.00
COE Rebate Amount:	\$17,676.00
Total Rebate Amount:	\$27,697.00
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 28 Dec 2017

OK