15/5/2010

INS. CASE OWNER: CC6 / AIG18000107 / Ves3

LKK:

IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 03/01/18 Date / Time : 03/01/18

Registered in Merimen: 03/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLD 1539T

Name of Insured :

Insured Tel No. : HP:

Excess See II :S$ D.O.A : 30/12/17

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**

SLD 1539T → OI

INSRS:
WSP:
Tel :
Liability :
RMKS:

SJW 4264P → TP

INSRS:
WSP: Progressive
Tel :
Liability :
RMKS:

GY 4522S →

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJW 4264P - X ; SLD 1539T - 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: Email ☐ Call ☐
Repair Cost:	S$	(days) Reduction: %	
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:	

Surveyor ROCKY | REF: AIA/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SJW 4264P

at Workshop m/s PA Loke.

of _____

Insured: SLD 1539T

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: _____ % 3 Val.: Yes or No

17812

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJW 4264P Yr Regn: 3 10

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

Make: Honda Stream RSZ c.c 1799

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

Sp.Reading 306437 T Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMRN6880AC200108

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: _____

R: 225/45-ZR17

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	30/12/17	D.O.I.	3/1/18

Survey held at _____

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

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

Date / Time	Action / Instruction
	LTA 22004

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____ Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($ _____) ; ___$ + RS ___S

☐ : Interview ($ _____) : Photos

☐ : Tech Invs ($ _____) Others

☐ : Weekend ($ _____)

Report Format : _____

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	1781Z

Vehicle Details

Vehicle No.:	SJW4264P
Vehicle to be Exported:	No
Intended De-registration Date:	03 Jan 2018
Vehicle Make:	HONDA
Vehicle Model:	STREAM 1.8L RSZ
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	R18A13860108
Chassis No.:	JHMRN6880AC200108
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	$26,909.00
Original Registration Date:	24 Mar 2010
First Registration Date:	24 Mar 2010
Transfer Count:	1
Actual ARF Paid:	$26,909.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Mar 2020
PARF Rebate Amount:	$16,145.00

Intended COE Rebate Details

COE Expiry Date:	23 Mar 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	$26,389.00
COE Rebate Amount:	$5,859.00
Total Rebate Amount:	**$22,004.00**

The information contained herein is correct as at 03 Jan 2018

OK