

15/5/2010

INS. CASE OWNER:

CC 3 / LCR180 00228 / SWS

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Sebastian

DOI:

03/01/18

Date / Time :

03/01/18

Registered in Merimen:

04/01/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLE 9112H

Claim No. :

Name of Insured :

LCR

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 30/12/17

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SNR 56462



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SNR 56462 - CC3 / LCR17006654 / K19552 D.O.A : 02/04/18
 - CS / TIT08018554 / 210 D.O.A : 24/06/08
 - CCH / TIT0024274 / R14151 D.O.A : 29/11/10
 - NSB / INC14018473 / 64 D.O.A : 28/09/14
 - NSB / INC14021536 / 61 D.O.A : 16/11/14
 - NSB / INC14022075 / K196d1 D.O.A : 16/11/14
 SLE 9112H - 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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

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 + LO ☐

(Tick only one)

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

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:

REF:

Surveyor

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: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SHB56462

Yr Regn:

10/10/2017

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

Truck / Trailer or

Make:

Toyota Prius 4

C.C. 1798

Colour

Maroon

A/C: Insured / Std / NI / NA

Sp. Reading

17954

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB31H003572649

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: N/A / S/Rim / STD A/Rim or

Tyre Size:

F: 195/65R15

R:

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

Front

R/Bal.

6

mm

Rear

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

SMRT

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

Rear N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time | Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1) Date/Time, File Return to?

☐ : Final Report

2)

Report Format:

Lump Sum / I.B.I.: (\$

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

) S + RS \$

) Photos

) Others

TOTAL

TA x/12/17/2163

Lkx

RIG.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 5369K

Vehicle Details

Vehicle No.: SHB5646Z

Vehicle to be Exported: No

Intended De-registration Date: 04 Jan 2018

Vehicle Make: TOYOTA

Vehicle Model: PRIUS HYBRID 1.8 CVT

Primary Colour: Maroon

Manufacturing Year: 2017

Engine No.: 2ZRS096720

Chassis No.: JTDKB3FU003572649

Maximum Power Output: 90.0 kW (120 bhp)

Open Market Value: \$29,007.00

Original Registration Date: 10 Oct 2017

First Registration Date: 10 Oct 2017

Transfer Count: 0

Actual ARF Paid: \$5,000.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 09 Oct 2025

PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	09 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,052.00
COE Rebate Amount:	\$33,045.00
Total Rebate Amount:	\$36,795.00

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 04 Jan 2018

OK