15/5/2010

LKK:

IDAC:

INS. CASE OWNER: Zuhaidah | CC 4 / III180 00076 / Vus3

ASSIGNMENT

Surveyor: MARCUS   DOI: 12/01/18   Date / Time : 12/01/18

Registered in Merimen: 12/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC 8021B	Claim No. :	
Name of Insured :	CTPL	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	MERCEDES - BENZ MERC
Excess Sec II :S$	D.O.A : 23/12/17	Place of Accident :	ORCHARD BOULEVARD X PATERSON RD
Is driver the owner?	(YES / (NO))	Nature of Accident :	

If NO, Driver Name / Age : CHUNG YOKE MENG   OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Driver Tel No. :   (V/L: YES / NO)   Insured Liability :   %   Final ? Yes / No

SJH 404A ⟶ ______ ⟶ ______ ⟶ ______

INSRS: WSP: Soc Leng Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SJH 404A - X
	SHC 8021B - CC3/AIG 17009439/Mlza3g2, DOA: 02/...
	- NJA/INC10016955/K1 DOA: 26/08/10
	- NS/INC10017407/Qr1 DOA: 26/08/10
	- NS/INC 17003636/HHh3n2 DOA: 19/02/17
	- NS/INC 17024568/K1Hb2 DOA: 23/12/17
12/01/18 (THEN THEN)	

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:	

Surajur mercy | REF: 111

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SJH 5404A

at Workshop m/s Soc leon

of _____

Insured: SHC 8021B

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: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 6230N

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJH 5404A Yr Regn: 8/08

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

Make: Subaru impreza c.c 1498

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

Sp.Reading 146657 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JF1GH3K55G8011355

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/60R15

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 23/11/17 D.O.I. 12/1/18

Survey held at _____

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

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

Date / Time	Action / Instruction
12/1/18	Confirmed c/s @ 800 with insp.

Date/Time. File Pass to? 1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time. File Return to? 2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____ Survey Fee: _____

Transportation. ___$ + RS ___SI

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Invs ($ _____) ☐ : Weekend ($ _____)

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:	6236N

Vehicle Details

Vehicle No.:	SJH5404A
Vehicle to be Exported:	No
Intended De-registration Date:	12 Jan 2018
Vehicle Make:	SUBARU
Vehicle Model:	IMPREZA 5D 1.5R AWD AT
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	EL15D319875
Chassis No.:	JF1GH3KS58G011355
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	$13,444.00
Original Registration Date:	13 Aug 2008
First Registration Date:	13 Aug 2008
Transfer Count:	3
Actual ARF Paid:	$13,444.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Aug 2018
PARF Rebate Amount:	$6,722.00

Intended COE Rebate Details

COE Expiry Date:	12 Aug 2018
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	$12,501.00
COE Rebate Amount:	$729.00
Total Rebate Amount:	**$7,451.00**

The information contained herein is correct as at 12 Jan 2018

OK