CC3 / AIG1800*1545* / *Sws3*

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: *Sebastian*   DOI: *23/01/18*   Date / Time: *23/01/18*
Registered in Merimen: *25/01/18*

Pre-assign / CCU / FTE

Insured Vehicle No. : *SKU 5223A*   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : *20/01/18*   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

SHC 44242 ⟶   ⟶   ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: *SMRT Woodlands*	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	*SHC 44242 - CS/LPC11024751/Rlyln DOA: 30/11/11*	STAGE	DATE / PIC
	1- NATE2112009565/wJ, DOA: 11/05/12	Non-Reporting ltr (1st):	
	SKU 5223A - X	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 + LOU ☐   [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:

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 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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 4924 Z   Yr Regn: 13/1/1214

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

Truck / Trailer or

Make: Toyota Prius   c.c 1798

Colour Maroon.   A/C: Insured / Std / NI / NA

Sp.Reading 473641   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN 36UX05721872

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi : (NI) / 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   Fallen

Front		Rear	
R/Bal. 6 mm		R/Bal. 6 mm	
L/Bal. 6 mm		L/Bal. 6 mm	
D.O.A. 30/1/19		D.O.I. 23/1/18	

Survey held at   SMRT

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

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

Date / Time	Action / Instruction

TAX/01/18/2136
LKK
AIG

Date/Time, File Pass to?   ☐ : Prell. Report
                            ☐ : Final Report

1) _____
Date/Time, File Return to?

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____
Transportation: _____
S +RS. _ SI
Phone
Others

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 5369K

Vehicle Details

Vehicle No.: SHC4424Z

Vehicle to be Exported: No

Intended De-registration Date: 25 Jan 2018

Vehicle Make: TOYOTA

Vehicle Model: PRIUS TAXI (SMRT)

Primary Colour: Maroon

Manufacturing Year: 2013

Engine No.: 2ZR5997014

Chassis No.: JTDKN36UX05721872

Maximum Power Output: 100.0 kW (134 bhp)

Open Market Value: $33,120.00

Original Registration Date: 13 Jan 2014

First Registration Date: 13 Jan 2014

Transfer Count: 0

Actual ARF Paid: $8,368.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 12 Jan 2022

PARF Rebate Amount: $6,276.00

Intended COE Rebate Details

COE Expiry Date: 12 Jan 2022

COE Category: A - Car (1600cc & below)

COE Period(Years):   8

PQP Paid: $60,888.00

COE Rebate Amount: $30,178.00

Total Rebate Amount: **$36,454.00**

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 25 Jan 2018

OK