15/5/2010

INS. CASE OWNER: Jowyn | CC 6 / CTI18001702 / Vus3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 29/01/18 Date / Time: 29/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GBA 7383U Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 25/01/18 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

SKS 9626E → → →

INSRS:
WSP: Hup Motor
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKS 9626E - X GBA 7383U - CC4/AIG1500755/Klumis2 DOI 25/01/18

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: 30/01/18 Sent By: Shirley Hsu

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:	

(08/11/13) wef

ASS. REC. BY: Marcus

REF: C71

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SKS 9626E

at Workshop m/s lmp motor 10.30

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 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKS 9626E Yr Regn: 8 15

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

Make: Subaru XV c.c 1600

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

Sp.Reading 74142 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF1GP3KC5EG147097

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: 225/55-ZR17

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	25/1/18	D.O.I.	29/1/18

Survey held at

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

rf o/s.

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

Date / Time Action / Instruction

Date/Time, File Pass to? 1)

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip: Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Business
Owner ID:	5462M

Vehicle Details

Vehicle No.:	SKS9626E
Vehicle to be Exported:	No
Intended De-registration Date:	29 Jan 2018
Vehicle Make:	SUBARU
Vehicle Model:	SUBARU XV 1.6I AWD CVT
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	FB161614393
Chassis No.:	JF1GP3KC5EG147097
Maximum Power Output:	84.0 kW (112 bhp)
Open Market Value:	$16,405.00
Original Registration Date:	18 May 2015
First Registration Date:	18 May 2015
Transfer Count:	1
Actual ARF Paid:	$11,405.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 May 2025
PARF Rebate Amount:	$8,553.00

Intended COE Rebate Details

COE Expiry Date:	17 May 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$68,589.00
COE Rebate Amount:	$50,059.00
Total Rebate Amount:	**$58,612.00**

The information contained herein is correct as at 29 Jan 2018

OK