

INS. CASE OWNER:

CC 4 / III 180 01737 / Kjs 3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

KENNETH

DOI:

29/01/18

Date / Time:

29/01/18

Registered in Merimen:

29/01/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 6501R

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$ \_\_\_\_\_ D.O.A. : 29/01/18

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

SIZ 1212T

SDT 9300D

SHD 6501R

SKG 29952

OI

TP



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP: Chng Koe (Amk)

Tel :

Liability :

RMKS:

| Date/ Time                         | STAGE                             | DATE / PIC                                        |
|------------------------------------|-----------------------------------|---------------------------------------------------|
| SKG 29952 - X                      | Non-Reporting ltr (1st):          |                                                   |
| SHD 6501R - CC3/EQT14018200/H/2022 | Non-Reporting ltr (2nd):          |                                                   |
| J- NS/ENC 14023287/H/H/22          | 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)  | <input type="checkbox"/> <input type="checkbox"/> |
|                                    | After call ltr to OI:             | <input type="checkbox"/> <input type="checkbox"/> |
|                                    | Authorisation To Act:             | <input type="checkbox"/> <input type="checkbox"/> |
|                                    | Release Voucher:                  | <input type="checkbox"/> <input type="checkbox"/> |
|                                    | Final Repair Bill:                | <input type="checkbox"/> <input type="checkbox"/> |
|                                    | Car Rental Invoice:               | <input type="checkbox"/> <input type="checkbox"/> |
|                                    | Towing Invoice:                   | <input type="checkbox"/> <input type="checkbox"/> |
|                                    | LTA / GIA :                       | <input type="checkbox"/> <input type="checkbox"/> |
|                                    | Medical Bill:                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                    | PIR:                              | <input type="checkbox"/> <input type="checkbox"/> |
|                                    | Mandate/Reject Instruction:       | <input type="checkbox"/> <input type="checkbox"/> |
|                                    | LOD                               | <input type="checkbox"/> <input type="checkbox"/> |
|                                    | Payment Breakdown Form:           | <input type="checkbox"/> <input type="checkbox"/> |
|                                    | Post-Repair Photos:               | <input type="checkbox"/> <input type="checkbox"/> |
|                                    | Others:                           | <input type="checkbox"/> <input type="checkbox"/> |

| PRELIMINARY ADVICE                |                                   | Date/Time:                         | Sent By:                                           |
|-----------------------------------|-----------------------------------|------------------------------------|----------------------------------------------------|
| FINALIZATION                      |                                   | Date/Time:                         | Confirm with:                                      |
| Repair Cost:                      | S\$                               | ( days)                            | Reduction: %                                       |
| FINAL SETTLEMENT                  |                                   | Date/Time:                         | Confirm with:                                      |
| Final Liability:                  | %                                 | (Agreed / Assessed)                | BOLA S/N No. :                                     |
| 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 <input type="checkbox"/> | LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LOI <input type="checkbox"/> [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:                                      |
| Payee 1:                          | S\$                               | Name 1:                            |                                                    |
| Payee 2: (Strike if N.A.)         | S\$                               | Name 2:                            |                                                    |
| Payee 3: (Strike if N.A.)         | S\$                               | Name 3:                            |                                                    |

ASS. REC. BY:

REF: TU /

Kenneth

## 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. \_\_\_\_\_

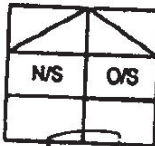
Sum Insured: \_\_\_\_\_

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 Rpt: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_

04 days

Res.: Yes or No

Lum Sum: \_\_\_\_\_

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time

Action / Instruction

30/1/18 19:21 to 19:22

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: \_\_\_\_\_

: Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S - RS - SI

: Photos

: Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) \_\_\_\_\_

Veh No: \_\_\_\_\_

SKG 29952 Yr Regn: 11, 08

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

Truck / Trailer or \_\_\_\_\_

Make: \_\_\_\_\_

Honda Jazz c.c. 133P

Colour: \_\_\_\_\_

M. Red

A/C: Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_

160834

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

JHMG 6850 PS 206209

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orMod: ☐ NH / ☐ S/Rlm / ☐ STD A/Rlm or

Tyre Size: \_\_\_\_\_

F: \_\_\_\_\_

185/55R16

R: \_\_\_\_\_

☒ BS / ☐ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /

TOYO / YOKO or \_\_\_\_\_

Front

R/Bal. \_\_\_\_\_

4

mm

Rear

R/Bal. \_\_\_\_\_

3

mm

L/Bal. \_\_\_\_\_

4

mm

L/Bal. \_\_\_\_\_

3

mm

D.O.A. \_\_\_\_\_

28/1/18

D.O.I. \_\_\_\_\_

29/1/18

Survey held at \_\_\_\_\_

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

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

## Enquire PARF/COE Rebate for Registered Vehicle

## Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 1642H

## Vehicle Details

Vehicle No.: SKG2995Z

Vehicle to be Exported: Yes

Intended De-registration  
Date: 29 Jan 2018

Vehicle Make: HONDA

Vehicle Model: HONDA JAZZ 1.3LA

Primary Colour: Red

Manufacturing Year: 2008

Engine No.: L13Z11006212

Chassis No.: JHMGE68509S206209

Maximum Power Output: 73.0 kW (97 bhp)

Open Market Value: \$17,997.00

Original Registration Date: 24 Nov 2008

First Registration Date: 24 Nov 2008

Transfer Count: 2

Actual ARF Paid: \$17,997.00

## Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry  
Date: 23 Nov 2018

PARF Rebate Amount: \$8,998.00

## Intended COE Rebate Details

COE Expiry Date: 23 Nov 2018

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

COE Period(Years): 10

QP Paid: \$13,801.00

COE Rebate Amount: \$1,130.00

Total Rebate Amount: \$10,128.00

The information contained herein is correct as at 29 Jan 2018

OK