

15/5/2010

INS. CASE OWNER:

CC 4 / AIG18001896 1KJS3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

05/02/13

Date / Time :

31/01/13

Registered in Merimen:

31/01/13

Pre-assign / CCU / FTE



Insured Vehicle No. : STE 129T

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 25/01/13

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

SCV 5225J

INSRS:
WSP: *Chung Hwe*
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC
SCV 5225J - CS/TP1603382/Kgbd1 DOA: 11/5/03/16	Non-Reporting ltr (1st):	
STE 129T - CC7/AIG12001896/Kp634 DOA: 20/01/13	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 + LO ☐ [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:	

ASS. REC. BY:

REF:

A61

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

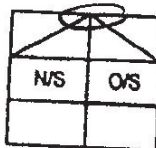
Claims No. _____

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: 03 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

6/2 File resp. to Catherine

Veh No: SCV52157 Yr Regn: 07, 10

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

Truck / Trailer or

Make: M/ 8250 c.c. 1786

Colour: M. Brown A/C: Insured / Std / NI / NA

Sp. Reading: 132390 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2120 4 72A 183042

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 225/55R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 25/1/18 D.O.I. 5/2/18

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.

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

Report Format :

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

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0468A
Vehicle Details	
Vehicle No.:	SCV5225J
Vehicle to be Exported:	Yes
Intended De-registration Date:	31 Jan 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E 250CGI
Primary Colour:	Brown
Manufacturing Year:	2010
Engine No.:	27186030044202
Chassis No.:	WDD2120472A183042
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	\$54,861.00
Original Registration Date:	15 Jul 2010
First Registration Date:	15 Jul 2010
Transfer Count:	1
Actual ARF Paid:	\$54,861.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Jul 2020
PARF Rebate Amount:	\$32,916.00
Intended COE Rebate Details	
COE Expiry Date:	14 Jul 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$35,909.00
COE Rebate Amount:	\$8,813.00
Total Rebate Amount:	\$41,729.00

The information contained herein is correct as at 31 Jan 2018

OK