

INS. CASE OWNER:

CC 3/ LCR18002046 1 KWS2

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

31/01/18

Date / Time :

31/01/18

Registered in Merimen:

01/02/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 92340

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :SS D.O.A : 27/01/18

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SHD 9320B

INSRS:
WSP: Tera-Cab (Amk)
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SHD 9320B - CC2 / MIDA14021227 / KPS2 DAI: 03/11/14	Non-Reporting ltr (1st):	
SLG 92340 - 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:	Confirm 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\$		
Disbursement: S\$ (e.g. Tow/ Independent)		
Legal Cost S\$		
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:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

ASS. REC. BY:

REF:

A/G-1

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop n/s _____ Trans Cab

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 1/2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 9320B Yr Regn: 01, 12

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

Truck / Trailer or

Make: Chevrolet Equinox c.c. 1991

Colour White 1Rw A/C: Insured / Std / NI / NA

Sp. Reading 605209 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL1LA69RJBB 069117

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: Giti

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 6 mm

L/Bal. 7 mm L/Bal. 6 mm

D.O.A. 27/1/18 D.O.I. 31/1/18

Survey held at _____

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

O/S 1Rw

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

Date / Time	Action / Instruction
1/2	File pass to Catherine
	1Rw @ 3200

Date/Time, File Pass to?

☐ : Prel. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Photos

Others

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

Report Format :

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

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	3878K

Vehicle Details

Vehicle No.:	SHD9320B
Vehicle to be Exported:	Yes
Intended De-registration Date:	29 Jan 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	Z20S1446434K
Chassis No.:	KL1LA69RJBB069117
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$13,811.00
Original Registration Date:	19 Jan 2012
First Registration Date:	19 Jan 2012
Transfer Count:	0
Actual ARF Paid:	\$13,811.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Jan 2020
PARF Rebate Amount:	\$8,977.00

Intended COE Rebate Details

COE Expiry Date:	18 Jan 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
QP Paid:	\$38,405.00
COE Rebate Amount:	\$9,459.00
Total Rebate Amount:	\$18,436.00

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 29 Jan 2018

OK