

INS. CASE OWNER:

Sharon

CC 4/III/180 02069 1M/jc2

LKK:

IDAC:

ASSIGNMENT

Surveyor:

MA CHEN FOOK

DOI:

01/02/18

Date / Time:

01/02/18

Registered in Merimen:

01/02/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHA 4162P

Claim No.:

Name of Insured:

CTPL

Policy No.:

Insured Tel No.:

HP:

Make / Model:

HYUNDAI IUD

Excess Sec II :SS

D.O.A.:

31/01/18

Place of Accident:

BEOOK NORTH RD TWOOS BEND

Is driver the owner?

(YES / NO)

Nature of Accident:

RESERVED RD

If NO, Driver Name / Age: TAN HOCK ANN

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SKX 8155C



INSRS:

WSP: Dave Hoo Camke

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
05/02/18 (Jog)	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:	

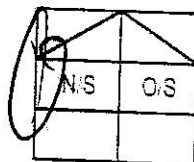
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:
Repair Cost:	S\$	
Loss of Rental (LOR):	S\$	(days)
Loss of Use (LOU):	S\$	(\$ x days)
Loss of Income (LOI):	S\$	(\$ x days)
LOR only ☐ 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:
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

ASSIGNMENT

From _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop in s CHENG HO.
 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 Report: _____ 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

Date Time Action / Instruction

Ref No: SKX 8155C Regr: DEC 2015
 Type: Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover
 Truck / Trailer or _____

Make: HONDA VEZEL No: 1496
 Colour: RED A.C. Insured / Std / NI / NA
 So. Reading: 00352 T. Radio: Insured / Std / NI / NA

Eng No. _____
 C No: RU1106028

Gen. Cond. Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi. Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60 R16
 R: _____

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

Front _____ Rear _____
 R/Bal. 8 mm R/Bal. 8 mm
 L/Bal. 8 mm L/Bal. 8 mm
 D.O.A. 31/1/2018 D.O.I. 1/2/2018

Survey held at _____

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

NS BODY

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

Date/Time File Pass to:

☐ : Preli. Report
☐ : Final Report

Date/Time File Return to:

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee

Transportation

_____-RS____

Photos

Time

Add Fee:

☐ Site Insp \$
☐ Interview \$
☐ Test \$
☐ Res. Insp \$

Report Format

Lump Sum / L.B. \$

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 1092E

Vehicle Details

Vehicle No.: SKX8155C
Vehicle to be Exported: Yes
Intended De-registration Date: 01 Feb 2018
Vehicle Make: HONDA
Vehicle Model: VEZEL 1.5X CVT
Primary Colour: Red
Manufacturing Year: 2015
Engine No.: L15B4026031
Chassis No.: RU11106026
Maximum Power Output: 96.0 kW (128 bhp)
Open Market Value: \$19,164.00
Original Registration Date: 29 Dec 2015
First Registration Date: 29 Dec 2015
Transfer Count: 0
Actual ARF Paid: \$9,164.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 28 Dec 2025
PARF Rebate Amount: \$6,873.00

Intended COE Rebate Details

COE Expiry Date: 28 Dec 2025
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$59,200.00
COE Rebate Amount: \$46,803.00
Total Rebate Amount: \$53,676.00

The information contained herein is correct as at 01 Feb 2018

OK