

15/5/2010

INS. CASE OWNER:

Joel

CC6 / CTI18002385 / Uks 3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

Marcus

DOI:

06/02/18

Date / Time:

06/02/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SBZ 128E

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

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

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

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

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

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 05/02/18

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

SFG 2205E

INSRS:  
WSP: Fastech  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date / Time	STAGE	DATE / PIC
SFG 2205E - X	Non-Reporting ltr (1st):	
SBZ 128E - 05/02/18/04581/kap dan: 05/05/18	Non-Reporting ltr (2nd):	
RPing Gt & PA	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:
<b>FINALIZATION</b>	Date/Time:	Confirm with: Confirm by:
Repair Cost: S\$	( days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$		
Disbursement: S\$	(e.g. Tow/ Independent )	
Legal Cost S\$		
<b>Total:</b> S\$	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>
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: MW165

REF:

## ASSIGNMENT

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

Estimated Cost: \_\_\_\_\_

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SA6 2205Eat Workshop m/s RPof SRK128E

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: 51k

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA PR Seen: e Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

3/3/2024  
Vehicle: IN / OUT

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

Veh No: SA6 2205E Yr Regn: 3,04Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Toyota Camry c.c. 1998Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 328577 T/Radio: Insured / Std / NI / NA

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

C/No: ITDBH38K400009471Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

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

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 5/2/18 D.O.I. 6/2/18

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

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

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

Date / Time Action / Instruction

274 46600 Dep RWD CNY 16-18 hrs.

Date/Time, File Pass to? \*

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

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

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

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

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

Add Fee:

☐

Site Insp (\$

) S + RS, SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format :

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

TOTAL

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	5703C
<b>Vehicle Details</b>	
Vehicle No.:	SFG2205E
Vehicle to be Exported:	Yes
Intended De-registration Date:	06 Feb 2018
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY 2000
Primary Colour:	Silver
Manufacturing Year:	2004
Engine No.:	1AZ1373667
Chassis No.:	JTDBH38K400009471
Maximum Power Output:	106.0 kW (142 bhp)
Open Market Value:	\$28,116.00
Original Registration Date:	04 Mar 2004
First Registration Date:	04 Mar 2004
Transfer Count:	0
Actual ARF Paid:	\$36,551.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	03 Mar 2024
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$76,719.00
COE Rebate Amount:	\$46,600.00
<b>Total Rebate Amount:</b>	<b>\$46,600.00</b>

The information contained herein is correct as at 06 Feb 2018

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