

CL

CC 4/ASM1800

2405, Keaz

LKK: IDAC:

SMOPEL 29513

ASSIGNMENT

6/2/18

Surveyor:

Kenneth

DOI:

7/2/18

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE

SLN 2025A

S8M00P0R



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A: 03/02/18

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

SGH 3034H

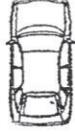


INSRS: WSP: Tel: Liability: RMKS:

(APE) Accord auto AMC



INSRS: WSP: Tel: Liability: RMKS:



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INSRS: WSP: Tel: Liability: RMKS:

Date/ Time

6/2/18

SGH 3034H-X; SLN 2025A-X

Pending verification of S.

STAGE

DATE / PIC

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)	<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:

6/2/18

Sent By:

Hande

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$\$

(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:

\$\$

Loss of Rental (LOR):

\$\$

(days)

Loss of Use (LOU):

\$\$

(\$ x days)

Loss of Income (LOI):

\$\$

(\$ x days)

LOR only LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$\$

Medical:

\$\$

Disbursement:

\$\$

(e.g. Tow/ Independent)

Legal Cost

\$\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$\$

Global Sum \$\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$\$

Name 1:

Payee 2: (Strike if N.A.)

\$\$

Name 2:

Payee 3: (Strike if N.A.)

\$\$

Name 3:

REF: ASM

ASSIGNMENT

From: _____ Date: 7/2/18

Estimated Cost: _____

OD WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: SGH SJH 3034 H

at Workshop no: Accord Auto

of 10 Amk Ind. Prk 2A #03-11

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record) After 10am

Make of Veh: _____

Var No: SGH 3034H In Reg: 06 06

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

Truck / Trailer or _____

Make: Honda Civic 1799

Colour: Black A.D. Insured / Std / Nil / NA

So. Reading: 233497 T. Patic. Insured / Std / Nil / NA

Eng No: _____

C No: J1HMFD 1-62 06S 208459

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or _____

Brake: In Order / Jammed / Leaked / Burnt or _____

Modi: Nil / R Rim / STD A/Rim or _____

Tyre Size: F: 205/55R16

R: _____

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

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>7</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>7</u> mm
D.O.A. <u>3/2/18</u>	D.O.I. <u>7/2/18</u>

Survey held at: _____

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

The UIC / Chassis frame / Body Structure affected due to collision: _____



(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____

IDAQ Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 01 days Res: Yes or No

Lum Sum: 1. B. 1 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS wp

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
<u>8/12</u>	<u>File pcd to Continental</u>
<u>4 8 291.68</u>	

Date/Time File Pass to? : Preli. Report

: Final Report

Date/Time File Return to? _____

Report Format: _____

Lump Sum / L.B. / L.S. _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transformer: _____

Add Fee: Ste Insd \$ _____

Inter. er \$ _____

Tech ins \$ _____

Cleaners \$ _____

B-RP \$ _____

Photo _____

Sheet _____

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	SGH3034H
Vehicle Type :	P10 - Passenger Motor Car
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	HONDA
Vehicle Model :	CIVIC 1.8L A
Chassis No. :	JHMFD16206S208459
Propellant :	Petrol
Engine No. :	R18A11027968
Engine Capacity :	1799 cc
Maximum Power Output :	103.0 kW (138 bhp)
Maximum Laden Weight :	1640 kg
Unladen Weight :	1219 kg
Year Of Manufacture :	2006
Original Registration Date :	06 Jun 2006
Lifespan Expiry Date :	-
COE Category :	B - Car (1601cc & above)
PQP Paid :	\$23,024.00
COE Expiry Date :	31 May 2021
Road Tax Expiry Date :	05 Jun 2018
Inspection Due Date :	05 Jun 2018
Intended Transfer Date :	05 Feb 2018
CO2 Emission :	-

CO Emission : -

HC Emission : -

NOx Emission : -

PM Emission : -

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use [Enquire Road Tax Payable](#) for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

Message

Please note that the 5-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.

You may print this page for reference.

OK

Print