

INS. CASE OWNER:

Janet

CC 4, EA11800 2419, U ka3

LKK:  
IDAC:

Surveyor:

WJZCNS

DOI:

ASSIGNMENT

2/2/18

Date / Time :

6/2/18

Registered in Merimen:

Pre-assign / CCU / FTE

GW7109 X



Insured Vehicle No. :

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :SS

D.O.A : 26/01/18

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

0m18H000289/JT

6x

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SLA 452P



INSRS:

WSP:

Tel :

Liability :

RMKS:

WV'BN



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

Date/ Time		STAGE	DATE / PIC
	SLA 452P - X;	Non-Reporting ltr (1st):	
	GW7109 X - CSB / 1111 600344 / m1bd1 ; DOA: 13/2/18	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
		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:

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 + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent )

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

EQ

## ASSIGNMENT

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

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

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

To Inspect Vehicle No: SLA 4521Pat Workshop m/s 100's NW

of \_\_\_\_\_

Insured: GW 7109X

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

G/A / PR Seen: 2 Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

25 39R

Vehicle: IN / OUT

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

Veh No: SLA 4521P Yr Regn: 3, 16Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAIMake: Nissan Sylphy c.c. 1798Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 21687 T/Radio: Insured / Std / NI / NA

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

C/No: MNTRAAATZ0008630Gen. 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: 195/60R16

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. 26/1/18 D.O.I. 5/3/18

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

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop orRear

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

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

1)

☐ : Final Report

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

Date/Time, File Return to?

2)

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

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

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

S + RS, SI

Photos

Others

TOTAL

Report Format : \_\_\_\_\_

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

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2539R
Vehicle Details	
Vehicle No.:	SLA4521P
Vehicle to be Exported:	No
Intended De-registration Date:	27 Jan 2018
Vehicle Make:	NISSAN
Vehicle Model:	SYLPHY 1.8 CVT ABS D/AIRBAG 2WD 4DR
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	MRA8354139R
Chassis No.:	MNTBAAB17Z0008630
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$18,731.00
Original Registration Date:	01 Mar 2016
First Registration Date:	01 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$18,731.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Feb 2026



## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2539R
Vehicle Details	
Vehicle No.:	SLA4521P
Vehicle to be Exported:	No
Intended De-registration Date:	05 Mar 2018
Vehicle Make:	NISSAN
Vehicle Model:	SYLPHY 1.8 CVT ABS D/AIRBAG 2WD 4DR
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	MRA8354139R
Chassis No.:	MNTBAAB17Z0008630
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$18,731.00
Original Registration Date:	01 Mar 2016
First Registration Date:	01 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$18,731.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Feb 2026
PARF Rebate Amount:	\$14,048.00
Intended COE Rebate Details	
COE Expiry Date:	28 Feb 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,970.00
COE Rebate Amount:	\$37,506.00
<b>Total Rebate Amount:</b>	<b>\$51,554.00</b>

The information contained herein is correct as at 05 Mar 2018

OK