15/5/2010

INS. CASE OWNER: Janet | CC 3 / EQI18003140 / Kps3 | LKK:
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 14/02/18 Date / Time : 14/02/18
Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : FBG 2241Y		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 13/02/18	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**

SHD 9213C → ______ → ______ → ______

INSRS: WSP: Trans-Cab (AMK) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHD 9213G - CC3/AXA14020307/Kpe3w2 DOA: 01/11/14
	- CC3/TMI16001161/Kgh3s2 DOA: 16/01/16
	- CS/FCI16019455/Kgh3s2 DOA: 09/10/16
	FBG 2241Y - X

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)	☐	☐
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: 19/02/18 Sent By: Shirley Khew

FINALIZATION	Date/Time:	Confirm with:	Confirm by: Email ☐ Call ☐
Repair Cost:	S$	(days) Reduction: %	
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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		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:	

ASS. REC. BY: Kenneth

REF: EQ1

ASSIGNMENT

From:
Date:
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No:
at Workshop m/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 Rport: Consistent? : Yes or No
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: 03 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: SHD 9213C Yr Regn: 10, 11
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Chevrolet Epica c.c 1991
Colour White / Red A/C: Insured / Std / Nl / NA
Sp.Reading 668124 T/Radio: Insured / Std / Nl / NA
Eng/No:
C/No: KL1LA69RJBB058517
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/65R15
R:
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Giti

Front		Rear	
R/Bal.	9 mm	R/Bal.	7 mm
L/Bal.	9 mm	L/Bal.	7 mm
D.O.A.	13/2/18	D.O.I.	14/2/18

Survey held at
Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear n/s Rear
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
15/2	Rh pass to Cashier Mint...
	L/Sum $2250/

Date/Time, File Pass to?
1)
Date/Time, File Return to?
2)

☐ : Prell. Report
☐ : Final Report

Days Of Repair:
Resurvey No. of Trip:

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

Report Format :
Lump Sum / I.B.I: ($)

Survey Fee:
Transportation: __S + RS.__SI
Photos
Others
TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	3878K

Vehicle Details

Vehicle No.:	SHD9213C
Vehicle to be Exported:	Yes
Intended De-registration Date:	14 Feb 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	Z20S1443557K
Chassis No.:	KL1LA69RJBB058517
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	$14,052.00
Original Registration Date:	14 Oct 2011
First Registration Date:	14 Oct 2011
Transfer Count:	0
Actual ARF Paid:	$14,052.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Oct 2019
PARF Rebate Amount:	$9,133.00

Intended COE Rebate Details

COE Expiry Date:	13 Oct 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
QP Paid:	$35,200.00
COE Rebate Amount:	$7,315.00
Total Rebate Amount:	**$16,448.00**

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 14 Feb 2018

OK