19/5/2010

INS. CASE OWNER: Jenny | CC 6 / EQI18003280 / kws3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 14/02/18 Date / Time: 14/02/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLF 3948Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 14/02/18 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**

GBE 8014H → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Chang Hoe (Kitchen)	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	GBE 8014H - NA/EQI1800299l/k4 DOA: 13/02/18
	SLF 3948K - NA/EQI1800299l/k4 DOA: 13/02/18
	- NA/ENC/1602177O/r3 DOA: 15/11/16
	- NA/ENC/1602199Z/k4 DOA: 15/11/16

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: 21/02/18 Sent By: Shirley Hows

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 + LO ☐ [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: EQ 1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoe

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: 07 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: QBE 8014H Yr Regn: 03/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Dyna c.c 2986

Colour Silver A/C: Insured / Std / NI / NA

Sp.Reading 68246 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: K0231 · 8023005

Gen. Cond: Good / Fair / Poor / Burnt

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

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

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195R15X8

R: 155R12X8PLY

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	33 mm
L/Bal.	4 mm	L/Bal.	33 mm
D.O.A.	13/12/18	D.O.I.	14/12/18

Survey held at ✓

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or 1/4 N/S

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

Date / Time	Action / Instruction
12	File pass to

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: ___$ + RS.___SI

Photos _____

Others _____

TOTAL _____

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Business
Owner ID:	7257X

Vehicle Details

Vehicle No.:	GBE8014H
Vehicle to be Exported:	Yes
Intended De-registration Date:	20 Feb 2018
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 3.0M
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	1KD2578947
Chassis No.:	KDY2318023005
Maximum Power Output:	-
Open Market Value:	$30,358.00
Original Registration Date:	28 Mar 2016
First Registration Date:	28 Mar 2016
Transfer Count:	0
Actual ARF Paid:	$1,518.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

COE Expiry Date:	27 Mar 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$42,036.00
COE Rebate Amount:	$33,628.00
Total Rebate Amount:	**$33,628.00**

The information contained herein is correct as at 20 Feb 2018

OK