

INS. CASE OWNER:

Sundari

CC 6 / III1800

3482, U u43

LKK:

IDAC:

Surveyor:

Marens

DOI:

ASSIGNMENT

26/2/18

Date / Time :

23/2/18

Registered in Merimen:

23/2/18

Pre-assign / CCU / FTE

SHD 6593A



Insured Vehicle No. :

172

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A: 13/2/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

MO. Yams B. umke

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

W100001

W-BENT

PIE 7 CHAMBI AIRPORT

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

Insured Liability :

%

Final ? Yes / No

SKJ 113A



INSRS:

WSP:

Tel :

Liability :

RMKS:

Specialists



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SKJ 113A - X

; SHD 6593A - 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:

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:

171 /
ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SKJ113Aat Workshop m/s spun. 1.4. 8.30

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 Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

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: SKJ113AYr Regn: 10/11Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Volkswagen Scirocco

c.c

1390Colour: red

A/C: _____

Insured / Std / NI / NA

Sp. Reading: 04505

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZZZ13ZCV00283Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / STD A/Rim or

Tyre Size: F: _____

R: 235/40R18

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

TOYO / YOKO or

Front 6Rear 6

R/Bal. _____

mm

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. 13/2/18D.O.I. 26/2/18

Survey held at _____

Des. of Damages: Rear / 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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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:	Singapore NRIC
Owner ID:	4663A
Vehicle Details	
Vehicle No.:	SKJ113A
Vehicle to be Exported:	No
Intended De-registration Date:	26 Feb 2018
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	SCIROCCO 1.4L AT TSI 1372Q5
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	CAV335175
Chassis No.:	WVWZZZ13ZCV008283
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$25,412.00
Original Registration Date:	12 Oct 2011
First Registration Date:	12 Oct 2011
Transfer Count:	0
Actual ARF Paid:	\$25,412.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Oct 2021
PARF Rebate Amount:	\$16,517.00
Intended COE Rebate Details	
COE Expiry Date:	11 Oct 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$46,989.00
COE Rebate Amount:	\$17,028.00
Total Rebate Amount:	\$33,545.00

The information contained herein is correct as at 26 Feb 2018

OK