

15/5/2010

INS. CASE OWNER:

Priya

CCA / III18004162 1M1K3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

MA CHEN POOL

DOI:

06/03/13

Date / Time:

05/03/13

Registered in Merimen:

05/03/13

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 6525X

Name of Insured : CTPL

Insured Tel No. : HP:

Excess Sec II : \$

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : ROH KEE CHONG

Driver Tel No. :

(V/L: YES / NO)

Claim No. : MCT18020940

Policy No. : MCOM 0015

Make / Model : HYUNDAI SONATA - 2.0 (A)

Place of Accident : GAMBAS AVE > YISHUN AVE 7

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

Insured Liability : % Final ? Yes / No

INSRS:
WSP: En-1 Auto
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
05/03/13 (vic)	SH 6525X - X SH 6525X - CC2/REG/6015713/H09352 OOA: 17/04/16	
	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: Confirm by:		
FINALIZATION Date/Time: Confirm with: Confirm by: Email ☐ Call ☐		
Repair Cost: \$\$ (days) Reduction: % Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: Confirm with: If NO or B 28, Ass. Lia :		
Final Liability: % (Agreed / Assessed) BOLA S/N No. :		
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 + LO ☐ [Tick only one]		
GIA/LTA Search: \$\$		
Medical: \$\$		
Disbursement: \$\$ (e.g. Tow/ Independent)		
Legal Cost: \$\$		
Total: \$\$ Global Sum \$\$: 1) Claim status: Normal/Reject/Private Settle		
FINAL PAYMENT Date/Time: Confirm with: 2) Report Format:		
Payee 1: \$\$ Name 1: 3) Survey fee:		
Payee 2: (Strike if N.A.) \$\$ Name 2:		
Payee 3: (Strike if N.A.) \$\$ Name 3:		

ASSIGNMENT

From _____ Date _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: _____

at Workshop no: EMI

of _____

Insured _____

Policy No: _____

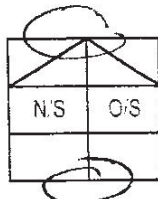
Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No

SLD336Tin Page MAY 06Type: ☒ Car ☐ Cycle ☐ Bus ☐ Van ☐ Lorry ☐ Taxi ☐ Prime Mover

Truck / Trailer or

Make

HONDA CIVICor AAA

Colour

SILVER

A/C

Insured / Std / NI / NA

Sp Reading

148613

T Radio

Insured / Std / NI / NA

Eng No:

C No:

JHMFD163065207 880Gen. Cond: ☒ Good ☐ Fair ☐ Poor ☐ BurntSteering: ☒ In order ☐ Jammed ☐ Leaked ☐ Burnt orBrake: ☒ In order ☐ Jammed ☐ Leaked ☐ Burnt orModi: ☒ Nil ☐ S/Rim ☐ STD A/Rim or

Tyre Size:

F:

205/55/R16

R:

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

TOYO / YOKO or

MIC

Front

Rear

R/Bal:

8

mm

R/Bal:

8

mm

L/Bal:

8

mm

L/Bal:

8

mm

D.O.A:

28/2/2018

D.O.I:

6/3/2018

Survey held at _____

Des. of Damages: ☒ Front ☒ Rear ☐ O/S ☐ N/S ☐ UIC ☐ Rooftop or

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

Date Time Action Instruction

Date/Time File Pass to:

☐

Preli. Report

☐

Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Lump Sum

Phone

Fax

Report Format

Lump Sum / I.B.I. :

Add Fee:

☐

Site Insp. : \$

☐

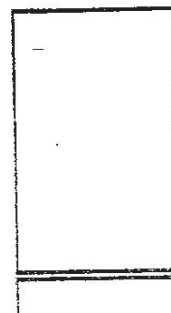
Inter. : \$

☐

Tech. : \$

☐

Misc. : \$



Svy.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 2604G

Vehicle Details

Vehicle No.: SLD336T
Vehicle to be Exported: Yes
Intended De-registration Date: 02 Mar 2018
Vehicle Make: HONDA
Vehicle Model: CIVIC 1.8LA
Primary Colour: Silver
Manufacturing Year: 2006
Engine No.: R18A11026695
Chassis No.: JHMF16306S207880
Maximum Power Output: 103.0 kW (138 bhp)
Open Market Value: \$20,907.00
Original Registration Date: 17 May 2006
First Registration Date: 17 May 2006
Transfer Count: 1
Actual ARF Paid: \$22,998.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 16 May 2021
COE Category: B - Car (1601cc & above)
COE Period(Years): 5
PQP Paid: \$23,024.00
COE Rebate Amount: \$14,755.00
Total Rebate Amount: \$14,755.00

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.

The information contained herein is correct as at 01 Mar 2018

OK