

INS. CASE OWNER:

Stacey

cc 4, Asm 1800 4277, Uja3

LKK:

IDAC:

33 716

Surveyor:

Wheens

DOI:

ASSIGNMENT

6/3/2018

Date / Time:

6/3/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKA 9197 X

Claim No.:

S8m00A2V

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

2/10/18

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

SJP 475 K



INSRS:

WSP:

Tel:

Liability:

RMKS:

Chinmay



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SJP 475 K, N/A, 2900 9277 / 51 ; WSA: 7/1/09  
SKA 9197 X - 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:

7/3/18

Sent By:

baw

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:

### ASSIGNMENT

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

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

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

To Inspect Vehicle No: SJP 475K

at Workshop m/s Ch. may

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

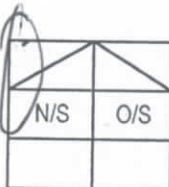
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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

GLA / PR Seen: u Consistent? : Yes or No

Est. Repairs: 4 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: SJP 475K Yr Regn: 3 1 09

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or CAI

Make: mit Lence c.c. 1584

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

Sp. Reading: 140912 T/Radio: Insured / Std / NI / NA

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

C/No: JMYSTCS3A94004719

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/60R15

R: 10k0

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal. 3 mm R/Bal. 3 mm

L/Bal. 3 mm L/Bal. 3 mm

D.O.A. \_\_\_\_\_ D.O.I. 6/3/18

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

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

als Rf.

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

Date / Time	Action / Instruction
<u>6/3/18</u>	<u>confirm 2/5 2500 with kimsey</u>

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:	Singapore NRIC
Owner ID:	2655C
Vehicle Details	
Vehicle No.:	SJP475K
Vehicle to be Exported:	No
Intended De-registration Date:	06 Mar 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	LANCER 1.6 CVT SPORTS GLX AIRBAG 2WD 4DR
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	4G18KB4765
Chassis No.:	JMYSTCS3A9U004719
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$15,396.00
Original Registration Date:	10 Mar 2009
First Registration Date:	10 Mar 2009
Transfer Count:	0
Actual ARF Paid:	\$15,396.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Mar 2019
PARF Rebate Amount:	\$8,467.00
Intended COE Rebate Details	
COE Expiry Date:	09 Mar 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$4,890.00
COE Rebate Amount:	\$492.00
<b>Total Rebate Amount:</b>	<b>\$8,959.00</b>

The information contained herein is correct as at 06 Mar 2018

OK