15/5/2010

LKK:
IDAC:

INS. CASE OWNER: _Sharon_ | CC6 / CTI18004396 / Ups3

ASSIGNMENT

Surveyor: _MARCUS_ DOI: _07/03/18_ Date / Time: _07/03/18_
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _GBD 8689R_ Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : _7/03/18_ Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If **NO**, Driver Name / Age : _____
Driver Tel No. : _____ (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : ___ % **Final ? Yes / No**

SLM 5250B → ____ → ____

INSRS:
WSP: _First Auto_
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLM 5250B -X ; GBD 8689R -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: _07/03/18_ Sent By: _Shirley Hsw_

FINALIZATION	Date/Time:	Confirm with:	Confirm by:	Email ☐ Call ☐
Repair Cost:	S$	(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:	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$		1) Claim status: Normal/Reject/Private Settle
Medical:	S$		2) Report Format:
Disbursement:	S$	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$		
Total:	S$	**Global Sum S$:**	Email ☐ Call ☐

FINAL PAYMENT	Date/Time:	Confirm with:	
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SLM5250B

at Workshop m/s   first 11a

of

Insured: GBD 8689R

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: l   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: SLM5250B   Yr Regn: 3, 17

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

Truck / Trailer or CA/

Make: OPEL ASTRA   c.c 999

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

Sp.Reading 8.900   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WOLBE8EA 4H80 42287

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: 225/45-R17

            R:

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

TOYO / YOKO or

Front		Rear	
R/Bal.	mm	R/Bal.	mm
L/Bal.	mm	L/Bal.	mm
D.O.A. 3/3/18		D.O.I. 7/3/18	

Survey held at

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

            O/S rd.

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

Date / Time   Action / Instruction

have video of fold

Date/Time. File Pass to?   ☐ : Preli. Report

1)   ☐ : Final Report

Date/Time. File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip: Survey Fee:

                    Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS___SI

        ☐ : Interview ($) Photos

        ☐ : Tech. Invs ($) Others

        ☐ : Weekend ($)

                    TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	0191Z

Vehicle Details

Vehicle No.:	SLM5250B
Vehicle to be Exported:	No
Intended De-registration Date:	07 Mar 2018
Vehicle Make:	OPEL
Vehicle Model:	ASTRA ST 1.0 AT
Primary Colour:	Red
Manufacturing Year:	2017
Engine No.:	B1163377GT2X0966
Chassis No.:	W0LBE8EA4H8042287
Maximum Power Output:	77.0 kW (103 bhp)
Open Market Value:	$19,545.00
Original Registration Date:	31 Mar 2017
First Registration Date:	31 Mar 2017
Transfer Count:	0
Actual ARF Paid:	$5,000.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Mar 2027
PARF Rebate Amount:	$3,750.00

Intended COE Rebate Details

COE Expiry Date:	30 Mar 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$50,789.00
COE Rebate Amount:	$46,024.00
Total Rebate Amount:	**$49,774.00**

The information contained herein is correct as at 07 Mar 2018

OK