

INS. CASE OWNER:

Sundari

CC 4, III 1800 5330, S ka3

LKK:

IDAC:

Surveyor:

ywl/c

DOI:

ASSIGNMENT

21/3/18

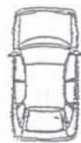
Date / Time:

21/3/18

Registered in Merimen:

21/3/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 89730

Claim No.:

Name of Insured:

CTPL

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

21/2/17

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

X08801 Y



INSRS:

WSP:

Tel:

Liability:

RMKS:

Whitfast.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

X08801 Y -x-
SHC 89730 - 06/11/16 01/198/166792 - 06/16/16

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:

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:

REF:

Smyth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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:

IDAG Accident Rpt: Consistent? : Yes or No

GIA / PR Soon: 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

Date / Time | Action / Instruction

Date/Time, File Pass to?

1) Date/Time, File Return to?

2)

Report Format :

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

☐ : Prel. Report☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS. SI

) Photos

) Others

TOTAL

Add Foo:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Veh No:

XJ 8801 Y

Yr Regn:

21/5/2019

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

Truck / Trailer or

Make:

Volvo FEE 300 C4R

RSS O/C 7146

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

179046

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Y 6264 700855 686900

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NR / S/Rim / STD A/Rim or

Tyre Size:

F: 295/80 R 22.5

R:

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

TOYO / YOKO or

Firemax

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 17/12/2017

D.O.A. 21/5/18

Survey held at

Semi waste (20. Attap Valley Rd)

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

Frt N/S

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	7280G
Vehicle Details	
Vehicle No.:	XD8801Y
Vehicle to be Exported:	No
Intended De-registration Date:	26 Mar 2018
Vehicle Make:	VOLVO
Vehicle Model:	FEE300 64R RSS DCM
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	11550900
Chassis No.:	YV2VH70D8EB686400
Maximum Power Output:	-
Open Market Value:	\$115,436.00
Original Registration Date:	21 May 2014
First Registration Date:	21 May 2014
Transfer Count:	0
Actual ARF Paid:	\$5,772.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	20 May 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$49,503.00
COE Rebate Amount:	\$30,435.00
Total Rebate Amount:	\$30,435.00

The information contained herein is correct as at 26 Mar 2018

OK