

Surveyor:

Ymk

DOI:

ASSIGNMENT

28/3/18

Date / Time:

28/3/18

Registered in Merimen:

5-4-18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 48312

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II :SS

D.O.A : 28/03/18

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

CHF 155K



INSRS:

WSP: SmpT. m

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

| Date/ Time | STAGE | DATE / PIC | |
|---|---|--------------------------|--------------------------|
| 28/3/18 - X SLG 48312 - CS / RCU 7077201 / 711607 : 14/11/18 | 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) | <input type="checkbox"/> | <input type="checkbox"/> |
| | After call ltr to OI: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Authorisation To Act: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Release Voucher: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Final Repair Bill: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Car Rental Invoice: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Towing Invoice | <input type="checkbox"/> | <input type="checkbox"/> |
| | LTA / GIA : | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Bill: | <input type="checkbox"/> | <input type="checkbox"/> | |
| PIR: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mandate/Reject Instruction: | <input type="checkbox"/> | <input type="checkbox"/> | |
| LOD | <input type="checkbox"/> | <input type="checkbox"/> | |
| Payment Breakdown Form: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Post-Repair Photos: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Others: | <input type="checkbox"/> | <input type="checkbox"/> | |

| PRELIMINARY ADVICE | | Date/Time: | Sent By: |
|---|-----------------|------------------------------------|---------------------------|
| FINALIZATION | | | |
| Repair Cost: | S\$ | (days) Reduction: | % |
| Confirm with: | | Confirm by: | |
| Email <input type="checkbox"/> Call <input type="checkbox"/> | | | |
| FINAL SETTLEMENT | | | |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> | [Tick only one] | | |
| GIA/LTA Search | S\$ | | |
| Medical: | S\$ | | |
| Disbursement: | S\$ | (e.g. Tow/ Independent) | |
| Legal Cost | S\$ | | |
| Total: | S\$ | Global Sum S\$: | |
| Email <input type="checkbox"/> Call <input type="checkbox"/> | | | |
| FINAL PAYMENT | | | |
| Payee 1: | S\$ | Name 1: | |
| Payee 2: (Strike if N.A.) | S\$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S\$ | Name 3: | |

REF:

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:

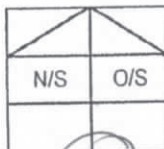
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No.

S14 F 155K

Yr Regn:

28/11/2017

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

Truck / Trailer or

Make:

Toyota Prius 9

C.C. 1798

Colour

Maroon

A/C: Insured / Std / NI / NA

Sp. Reading

41751

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDK153Fu303575335

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: 195/65R15

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU4 PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 28/3/18

D.O.I. 28/3/18

Survey held at

SMRT

Des. of Damages: 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

TAX/03/18/2131

LKK

AIG.

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.

) \$ + 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: | Company |
| Owner ID: | 5369K |
| Vehicle Details | |
| Vehicle No.: | SHF155K |
| Vehicle to be Exported: | No |
| Intended De-registration Date: | 02 Apr 2018 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | PRIUS HYBRID 1.8 CVT |
| Primary Colour: | Maroon |
| Manufacturing Year: | 2017 |
| Engine No.: | 2ZRS108741 |
| Chassis No.: | JTDKB3FU303575335 |
| Maximum Power Output: | 90.0 kW (120 bhp) |
| Open Market Value: | \$29,007.00 |
| Original Registration Date: | 28 Nov 2017 |
| First Registration Date: | 28 Nov 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$5,000.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 27 Nov 2025 |
| PARF Rebate Amount: | \$3,750.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 27 Nov 2025 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$33,596.00 |
| COE Rebate Amount: | \$32,137.00 |
| Total Rebate Amount: | \$35,887.00 |
| Message | |
| Please note that the 8-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 02 Apr 2018

OK