

INS. CASE OWNER:

cc 6, ALG 1800 6411, Uha3

LKK:

IDAC:

Surveyor:

M. A. P. S.

DOI:

ASSIGNMENT

6/4/18

Date / Time :

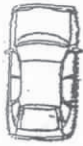
6/4/18

Registered in Merimen:

6/4/18

Pre-assign / CCU / FTE

6BF 59726



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A.:

3/4/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

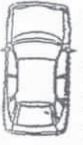
Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:

Chin My.

8772A



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time

SLT 3762K
6BF 59726NAIC 1800627/14 ; WA: 3/4/18
CCP 18000991/1403 ; WA: 11/1/18

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:

Repair Cost:

S\$

(days)

Reduction:

%

Confirm by:

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

Email

Call

Repair Cost:

S\$

If NO or B 28, Ass. Lia :

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI):

S\$

(\$ x days)

OR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

LIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

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:

Email

Call

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

(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: SLT 7762Rat Workshop m/s Chinney

of _____

Insured: AAF 88726

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 Rpt: 2 Consistent? : Yes or NoGIA / PR Seen: 2 Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

8272A
 Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLT 7762R Yr Regn: 10, 17

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

Truck / Trailer or (C)Make: Honda c.c. 1496Colour: Black A/C: Insured / Std / NI / NASp. Reading: 9786 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU 31263 732

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: _____

R: 215 / 60 R16

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

TOYO / YOKO or

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 3/4/18

Survey held at _____

Rear

R/Bal. 7 mmL/Bal. 7 mmD.O.I. 6/4/18

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

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1) Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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:	8272A
Vehicle Details	
Vehicle No.:	SLT7762R
Vehicle to be Exported:	No
Intended De-registration Date:	06 Apr 2018
Vehicle Make:	HONDA
Vehicle Model:	VEZEL HYBRID 1.5X AUTO
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	LEB5963752
Chassis No.:	RU31263732
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$27,871.00
Original Registration Date:	10 Nov 2017
First Registration Date:	10 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Nov 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	09 Nov 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,996.00
COE Rebate Amount:	\$47,954.00
Total Rebate Amount:	\$51,704.00

The information contained herein is correct as at 06 Apr 2018

OK