

INS. CASE OWNER:

CL

CC 4 / ASM1800 65ny, U uaz

LKK:

IDAC:

38943

Surveyor:

mnping

DOI:

ASSIGNMENT

124/18

Date / Time :

9-4-18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SUP9713R

Claim No. : 58m0062

Name of Insured :

Policy No. :

Insured Tel No. : HP: 31-3-18

Make / Model :

Excess Sec II :SS D.O.A: 31-3-18

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

Sum 4424

INSRS:
WSP: Regisus
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

Sum 4424 - X ; SUP9713R - 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:

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 LOR 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: SLM 4424

at Workshop m/s Myosus

of _____

Insured: SLP 9713R

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: 70%

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 3 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: SLM 4424 Yr Regn: 3, 17

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

Truck / Trailer or CA

Make: Toyota v. i. o. s c.c. 1496

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

Sp. Reading: 85727 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MHFB29F3702007609

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: 195/50 R16

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

TOYO / YOKO or Westlake

Front 6 mm Rear 6 mm

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 31/3/18 D.O.I. 2/4/18

Survey held at _____

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

O/S Pnt.

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

Date/Time Action/Instruction

12/4/18 Confirmed L/S \$1600 with million.

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:

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:	Company
Owner ID:	7200G
Vehicle Details	
Vehicle No.:	SLM442Y
Vehicle to be Exported:	No
Intended De-registration Date:	12 Apr 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5E CVT
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	2NRX131278
Chassis No.:	MHFB29F3702007609
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$12,946.00
Original Registration Date:	20 Mar 2017
First Registration Date:	20 Mar 2017
Transfer Count:	0
Actual ARF Paid:	\$7,946.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Mar 2027
PARF Rebate Amount:	\$5,959.00
Intended COE Rebate Details	
COE Expiry Date:	19 Mar 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,889.00
COE Rebate Amount:	\$45,471.00
Total Rebate Amount:	\$51,430.00

The information contained herein is correct as at 12 Apr 2018

OK

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	7200G
Vehicle Details	
Vehicle No.:	SLM442Y
Vehicle to be Exported:	Yes
Intended De-registration Date:	02 Apr 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5E CVT
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	2NRX131278
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Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Mar 2027
PARF Rebate Amount:	\$5,959.00
Intended COE Rebate Details	
COE Expiry Date:	19 Mar 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,889.00
COE Rebate Amount:	\$40,711.00
Total Rebate Amount:	\$46,670.00

The information contained herein is correct as at 02 Apr 2018

OK