15/5/2010

INS. CASE OWNER: CC 4 / III1800 6667 / U ua3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Wafeeq   DOI: 16/4/18   Date / Time : 10-4-18
Registered in Merimen: 11-4-18

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 7553H		Claim No. :	
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 08/04/18	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**

S60 4011M → → →

INSRS: WSP: Precise Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	S60 4011M - CC4/CCR1800 1078/Awa3 ; DOA: 09/02/18
	- CC4/ICS1707 29521 Klea3 ; DOA: 21/12/17
	- CS/FC1170729521/Aed3 ; DOA. 02/12/17
	SH7553H - CC3/ICS1700 61881 Klea3 ; DOA: 27/3/17

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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		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: LL1-1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SGD401IM

at Workshop m/s Precize

of _____

Insured: SH/ 7553H

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

SIA / 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 22/7/2018

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGD401IM Yr Regn: 24/ 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Nissan Lafesta c.c 1498

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

Sp.Reading 147180 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1BAAC11Z0009031

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: 205/50R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	8/4/18	D.O.I.	16/4/18

Survey held at _____

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

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

Date / Time	Action / Instruction
	LTA 7701 Smith.

Date/Time, File Pass to? _____

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S ÷ RS___SI	
Photos	
Others	
TOTAL	

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	2669C
Vehicle Details	
Vehicle No.:	SGD4011M
Vehicle to be Exported:	No
Intended De-registration Date:	17 Apr 2018
Vehicle Make:	NISSAN
Vehicle Model:	LATIO 1.5L A
Primary Colour:	Gold
Manufacturing Year:	2007
Engine No.:	HR15248443A
Chassis No.:	JN1BAAC11Z0009031
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	$14,631.00
Original Registration Date:	23 Jul 2008
First Registration Date:	23 Jul 2008
Transfer Count:	1
Actual ARF Paid:	$14,631.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Jul 2018
PARF Rebate Amount:	$7,315.00
Intended COE Rebate Details	
COE Expiry Date:	22 Jul 2018
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	$14,685.00
COE Rebate Amount:	$386.00
Total Rebate Amount:	**$7,701.00**

The information contained herein is correct as at 17 Apr 2018

OK