

INS. CASE OWNER:

JG

CC 4/BA 1800 7666, Khaz

LKK:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

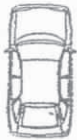
25/4/18

Date / Time :

24/04/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBH 1958P

Name of Insured :

ADVENTURE ENH. PLV

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

24/18

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

Cox

DNUGH000849-JG

DMCPH218.001451

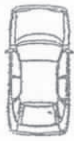
Claim No. :

Policy No. :

Make / Model :

Place of Accident :

SJZ SKST



INSRS:

WSP:

Tel :

Liability :

RMKS:

Lm Tan.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SJZ SKST - X: GBH 1958P - 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 ☐ 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:

Surveyor

ASSIGNMENT

From: Date: 25042018

Estimated Cost:

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

To Inspect Vehicle No: SJZ 5255T

at Workshop m/s Lim Tan

of Blk 176 Sin Ming Drive #03-09

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

after 10am

(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: 04 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: SJZ 5255T Yr Regn: 09 10

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

Truck / Trailer or

Make: M. C180 C.C. 178

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

Sp. Reading: 88592 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: W00 2040492A 405978

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: 225/45R17

R:

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 274/118

Survey held at

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

N/S R

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

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.I. 25/4/18

Date / Time Action / Instruction

26/4 File pass to Catherine

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:

\$ + RS. \$

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:	8370Z
Vehicle Details	
Vehicle No.:	SJZ5255T
Vehicle to be Exported:	Yes
Intended De-registration Date:	02 Apr 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C 180 CGI
Primary Colour:	Silver
Manufacturing Year:	2010
Engine No.:	27182030083364
Chassis No.:	WDD2040492A405978
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$38,917.00
Original Registration Date:	07 Sep 2010
First Registration Date:	07 Sep 2010
Transfer Count:	0
Actual ARF Paid:	\$38,917.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Sep 2020
PARF Rebate Amount:	\$23,350.00
Intended COE Rebate Details	
COE Expiry Date:	06 Sep 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$43,334.00
COE Rebate Amount:	\$10,520.00
Total Rebate Amount:	\$33,870.00

The information contained herein is correct as at 02 Apr 2018

OK