

INS. CASE OWNER:

CC6 / III1800 8083 , U ja3

LKK:

IDAC:

Surveyor:

MARMS

DOI:

ASSIGNMENT

18/5/18

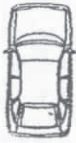
Date / Time:

21/5/18

Registered in Merimen:

21/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1782U

Claim No. : lnx

Name of Insured :

Policy No. :

Insured Tel No. : HP: 115/18

Make / Model :

Excess Sec II :SS D.O.A: 115/18

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

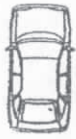
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJS14H

INSRS:
WSP: Hookman
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SJS14H.x	SHA 1782U - X	
	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)	1) Claim status: Normal/Reject/Private Settle
Legal Cost S\$		2) Report Format:
Total: S\$	Global Sum S\$:	3) Survey fee:
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

REF:

ASS. REC. BY: MARUS**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: 555124Hat Workshop m/s Woolworth Co

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: 2 Consistent? : Yes or NoEst. Repairs: 1 days Res.: Yes or NoLum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 555124H Yr Regn: 7.09

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

Truck / Trailer or CAMake: Mit Lance c.c. 1499Colour: Grey A/C: Insured / Std / NI / NASp.Reading: 191907 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMY SRCY2A94000212

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 225/45-20R17

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. _____ mm L/Bal. _____ mm

D.O.A. 11/5/18 D.O.I. 18/5/18

Survey held at _____

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
<u>18/5/18</u>	<u>Confined fire by 350 with lance.</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Report Format : _____

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

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, \$ _____

Photos

Others

TOTAL

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	4017C
Vehicle Details	
Vehicle No.:	SJS124H
Vehicle to be Exported:	No
Intended De-registration Date:	18 May 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR
Primary Colour:	Grey
Manufacturing Year:	2008
Engine No.:	4A910106506
Chassis No.:	JMYSRCY2A9U000212
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$15,347.00
Original Registration Date:	27 Jul 2009
First Registration Date:	27 Jul 2009
Transfer Count:	2
Actual ARF Paid:	\$15,347.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jul 2019
PARF Rebate Amount:	\$8,440.00
Intended COE Rebate Details	
COE Expiry Date:	26 Jul 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$15,291.00
COE Rebate Amount:	\$1,816.00
Total Rebate Amount:	\$10,256.00

The information contained herein is correct as at 18 May 2018

OK