

INS. CASE OWNER:

Jas Tan
CC 4 / ASM1800

8526, ua3

LKK:

IDAC:

43970

Surveyor:

Marens

DOI:

ASSIGNMENT

9/5/18

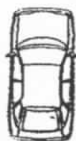
Date / Time:

8/5/18

Registered in Merimen:

Pre-assign / CCU / FTE

YP 1840E "VIRTUAL"



Insured Vehicle No. :

Claim No. :

58moo666

602

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A : 3/5/18

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

SGH 73120



INSRS:

WSP:

Tel :

Liability :

RMKS:

Car info.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SGH 73120 - X; YP1840E - X
* VIRTUAL - DO NOT ANALYZE COR.

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:

(08/11/13) wef

REF:

ASS. REC. BY: Marcus

AFA/

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____

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

To Inspect Vehicle No: SGH 7312Dat Workshop m/s Car only

of _____

Insured: _____

Policy No. _____

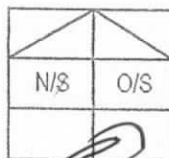
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 8105

IDAC Accident Report: _____ Consistent?: Yes or No

SIA / PR Seen: 9 Consistent?: Yes or No

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SGH 7312D Yr Regn: 4116Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Toyota harrier C.C. 1986Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 46257 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 25060 0070750Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/55R18

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 3/5/18 D.O.I. 9/5/18

Survey held at _____

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

Rear

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. 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:	Singapore NRIC
Owner ID:	4247D
Vehicle Details	
Vehicle No.:	SGH7312D
Vehicle to be Exported:	No
Intended De-registration Date:	09 May 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER ELEGANCE 2.0 A
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	3ZRB716954
Chassis No.:	ZSU600070750
Maximum Power Output:	111.0 kW (148 bhp)
Open Market Value:	\$28,431.00
Original Registration Date:	27 Apr 2016
First Registration Date:	27 Apr 2016
Transfer Count:	0
Actual ARF Paid:	\$26,804.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Apr 2026
PARF Rebate Amount:	\$20,103.00
Intended COE Rebate Details	
COE Expiry Date:	26 Apr 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,602.00
COE Rebate Amount:	\$39,502.00
Total Rebate Amount:	\$59,605.00

The information contained herein is correct as at 09 May 2018

OK

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4247D
Vehicle Details	
Vehicle No.:	SGH7312D
Vehicle to be Exported:	Yes
Intended De-registration Date:	15 May 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER ELEGANCE 2.0 A
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	3ZRB716954
Chassis No.:	ZSU600070750
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PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Apr 2026
PARF Rebate Amount:	\$20,103.00
Intended COE Rebate Details	
COE Expiry Date:	26 Apr 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,602.00
COE Rebate Amount:	\$39,419.00
Total Rebate Amount:	\$59,522.00

The information contained herein is correct as at 07 May 2018

OK