

INS. CASE OWNER:

CC6 / LR 1800 8623 / Uja3

LKK:

IDAC:

Surveyor:

MADUS

DOI:

ASSIGNMENT

10/5/18

Date / Time:

10/5/18

Registered in Merimen:

10/5/18

Pre-assign / CCU / FTE

SUE 5308L



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 9/5/18

Make / Model : M. Affrage

Excess Sec II :SS D.O.A: 9/5/18

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

SUE 5308L

INSRS: WSP: 10/5/18
Tel :
Liability :
RMKS:INSRS: WSP:
Tel :
Liability :
RMKS:INSRS: WSP:
Tel :
Liability :
RMKS:INSRS: WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	8/5/18 - CC6 / LR 1800 8623 / Uja3 ; 10/5/18	Non-Reporting ltr (1st):	
	SUE 5308L. x	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)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	S\$	() days	Reduction: %
		Confirm by:	
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No. :
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
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:

A161

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLL18537

at Workshop m/s Marcus

of _____

Insured: SLE5308L

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 Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 6 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: SLL18537 Yr Regn: 2, 17

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

Truck / Trailer or CA

Make: merda 3 C.C. 1496

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

Sp. Reading: 103526 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BN22A8H0142673

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: 205/60R16

R: _____

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

TOYO / YOKO or

westlake

Front

Rear

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

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

D.O.A. 9/5/18 D.O.I. 10/5/18

Survey held at Defu

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

Sub

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

Date / Time Action / Instruction

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:

\$ + 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.:	SLL1853T
Vehicle to be Exported:	No
Intended De-registration Date:	10 May 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	P520430205
Chassis No.:	JM6BN22A8H0142673
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,951.00
Original Registration Date:	16 Feb 2017
First Registration Date:	16 Feb 2017
Transfer Count:	0
Actual ARF Paid:	\$9,951.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Feb 2027
PARF Rebate Amount:	\$7,463.00
Intended COE Rebate Details	
COE Expiry Date:	15 Feb 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,000.00
COE Rebate Amount:	\$42,071.00
Total Rebate Amount:	\$49,534.00

The information contained herein is correct as at 10 May 2018

OK

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COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,000.00
COE Rebate Amount:	\$38,400.00
Total Rebate Amount:	\$45,863.00

The information contained herein is correct as at 10 May 2018

OK