

INS. CASE OWNER:

CC6 / AIG1800 8857, Uea3

Surveyor:

Marius

DOI:

ASSIGNMENT

18/5/18

Date / Time :

15/5/18

Registered in Merimen:

15/5/18

Pre-assign / CCU / FTE

SKE 12340



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

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

Make / Model :

Excess Sec II : S\$ 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

PC3919A



INSRS:

WSP:

Tel :

Liability :

RMKS:

✓/x



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

PC3919A - x; SKE 12340 - 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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

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 LOR 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

REF:

AM

857/16

ASSIGNMENT

From: Date: 18052018

Estimated Cost:

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

To Inspect Vehicle No: PC 3919A
at Workshop m/s: VPIX Auto
of: 60 Kaki Bukit Ave 6

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

100m

(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: 2 days Res.: Yes or No

Lum Sum: 1.151 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: PC 3919A Yr Regn: 8 15

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

Truck / Trailer or

Make: Toyota hiace commuter 2982

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

Sp.Reading: 161023 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KDH/2230023570

Gen. Cond: 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: 195/80R15

R:

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

TOYO YOKO or

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 9/5/18 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

18/5/18 Confirmed final by \$2962.77 with Mech
HID headlight

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	1966K
Vehicle Details	
Vehicle No.:	PC3919A
Vehicle to be Exported:	No
Intended De-registration Date:	18 May 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	1KD2502703
Chassis No.:	KDH2230023510
Maximum Power Output:	-
Open Market Value:	\$38,905.00
Original Registration Date:	28 Aug 2015
First Registration Date:	28 Aug 2015
Transfer Count:	1
Actual ARF Paid:	\$1,946.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Aug 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$36,599.00
COE Rebate Amount:	\$26,622.00
Total Rebate Amount:	\$26,622.00

The information contained herein is correct as at 18 May 2018

OK