

INS. CASE OWNER:

CC 6 / AIG1800 8977, Uwa3

LKK:

IDAC:

Surveyor:

MADAMS

DOI:

ASSIGNMENT

12/5/18

Date / Time :

12/5/18

Registered in Merimen:

12/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLV2801J

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS D.O.A : 4/3/2018

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

SLK9317C

INSRS:
 WSP: pegusus
 Tel :
 Liability :
 RMKS:INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time			STAGE	DATE / PIC
	SLK 9317 C - X;	SLV 2801J - 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)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S\$	(days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>	
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 <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\$	1) Claim status: Normal/Reject/Private Settle		
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$	3) Survey fee:		
Total:	S\$	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
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:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLK9317C

at Workshop m/s Pegasus

of SL4/281J

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: ci Consistent? : Yes or NoEst. Repairs: 3 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLK9317C Yr Regn: 217

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

Truck / Trailer or CA1

Make: Mazda 3 c.c. 1496

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

Sp. Reading: 89287 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BN22A8H0137640

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 205/60R16

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

TOYO / YOKO or Triangle

Front 6 mm Rear 6 mmR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mm

D.O.A. 4/3/18 D.O.I. 17/5/18

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

1/5/18 4/5 @ 2050 confirmed with Kerne.

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:

____ 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:	Company
Owner ID:	7200G
Vehicle Details	
Vehicle No.:	SLK9317C
Vehicle to be Exported:	Yes
Intended De-registration Date:	05 Mar 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	P520423453
Chassis No.:	JM6BN22A8H0137640
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,777.00
Original Registration Date:	07 Feb 2017
First Registration Date:	07 Feb 2017
Transfer Count:	0
Actual ARF Paid:	\$9,777.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Feb 2027
PARF Rebate Amount:	\$7,332.00
Intended COE Rebate Details	
COE Expiry Date:	06 Feb 2027
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:	\$45,732.00

The information contained herein is correct as at 05 Mar 2018

OK

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	7200G
Vehicle Details	
Vehicle No.:	SLK9317C
Vehicle to be Exported:	No
Intended De-registration Date:	17 May 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	P520423453
Chassis No.:	JM6BN22A8H0137640
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,777.00
Original Registration Date:	07 Feb 2017
First Registration Date:	07 Feb 2017
Transfer Count:	0
Actual ARF Paid:	\$9,777.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Feb 2027
PARF Rebate Amount:	\$7,332.00
Intended COE Rebate Details	
COE Expiry Date:	06 Feb 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,000.00
COE Rebate Amount:	\$41,866.00
Total Rebate Amount:	\$49,198.00

The information contained herein is correct as at 17 May 2018

OK