

INS. CASE OWNER:

CC 4 TWO 1800 9021, N ea3

LKK:

IDAC:

Surveyor:

Nbx

DOI:

ASSIGNMENT

23/5/18

Date / Time :

12/1/18

Registered in Merimen:

17/1/18

Pre-assign / CCU / FTE

Sum 4060P



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 9/1/18

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

SLV 5733C



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans-
Guarantors.

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLV 5733C X; SUM 4060P 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:

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:

NAZ

REF: FWD

ASSIGNMENT

From: Date: 23092018

Estimated Cost:

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

To inspect Vehicle No: SLV 5733C
at Workshop m/s: Trans Eurokars
of: 5 Ubi Nose

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Jess.

3pm

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

| | |
|-----|-----|
| | |
| N/S | O/S |
| X | X |
| X | X |

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLV 5733C Yr Regn: 2 JAN 2018

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

Truck / Trailer or

Make: MAZDA 3 1.5L HB C.C 1496

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

Sp. Reading: 4,417 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6BN24A8J020061

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: 205/60 R16

R: 11

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. 23/5/18

Survey held at TRANS EUROKARS

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?

☐ : Preli. Report

☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) \$+RS \$

Photos

) Others

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

[> Back to OneMotoring](#)

Enquire Transfer Fee

Enquire Transfer Fee

| Vehicle Details | | | |
|--|--------------------------------------|---------------------|---------------------------|
| Vehicle No. : | SLV5733C | | |
| Vehicle Type : | P10 - Passenger Motor Car | | |
| Vehicle Attachment 1 : | With Sun Roof | | |
| Vehicle Scheme : | Normal | | |
| Vehicle Make : | MAZDA | | |
| Vehicle Model : | MAZDA3 HATCHBACK 1.5 AT DELUXE EU6 | | |
| Chassis No. : | JM6BN24A8J0200061 | | |
| Propellant : | Petrol | | |
| Engine No. : | P520491417 | | |
| Engine Capacity : | 1496 cc | | |
| Maximum Power Output : | 88.0 kW (118 bhp) | | |
| Maximum Laden Weight : | 1835 kg | | |
| Unladen Weight : | 1329 kg | | |
| Year Of Manufacture : | 2017 | | |
| Original Registration Date : | 02 Jan 2018 | | |
| Lifespan Expiry Date : | - | | |
| COE Category : | A - Car up to 1600cc & 97kW (130bhp) | | |
| Quota Premium : | \$42,339.00 | | |
| COE Expiry Date : | 01 Jan 2028 | | |
| Road Tax Expiry Date : | 01 Jan 2019 | | |
| PARF Eligibility Expiry Date : | 01 Jan 2028 | | |
| Inspection Due Date : | 01 Jan 2021 | | |
| Intended Transfer Date : | 24 May 2018 | | |
| CO2 Emission : | 133.00 (g/km) | | |
| CEV/VES Rebate Utilised Amount : | - | | |
| CO Emission : | 0.049030 (g/km) | | |
| HC Emission : | 0.023080 (g/km) | | |
| NOx Emission : | 0.008150 (g/km) | | |
| PM Emission : | 1.220000 (mg/km) | | |
| Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable. | | | |
| Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred. | | | |
| Amount Payable | | | |
| | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
| Transfer Fee : | 25.00 | - | 25.00 |
| Additional Levy : | | | |
| Total Amount Payable : | | | 25.00 |

You may print this page for reference.

OK

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