

INS. CASE OWNER:

Calista

CC 4/III1800

9062, 4 h03

LKK:

IDAC:

Surveyor:

m. j. p. w.

DOI:

ASSIGNMENT

18/5/18

Date / Time :

18/5/18

Registered in Merimen:

18/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. : WB 9526H

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : 18/12/17

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

RU 5942 A

INSRS:  
WSP: Un brother.  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE		DATE / PIC
RU 5942 - X; WB 9526H - 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)		
	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 <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

REF:

ASS. REC. BY: Marcus**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD (TP) / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: RU 5942Aat Workshop m/s 145 40

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: 2 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: RU 5942A Yr Regn: 101 13

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

Truck / Trailer or (A)Make: Toyota c.c. 2982Colour: white A/C: Insured / Std / NI / NASp. Reading: 363316 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTFST24X00017420

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: (C) Nil / S/Rim / STD A/Rim orTyre Size: F: 195 45

R: \_\_\_\_\_

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

TOYO / YOKO or

Front 6 mm Rear 6 mmR/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 18/12/17 D.O.I. 18/12/18

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
	<u>LTA 0</u>

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.: (\$ \_\_\_\_\_)

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Owner ID:

Company

1196N

**Vehicle Details**

Vehicle No.:

RU5942A

Vehicle to be Exported:

Yes

Intended De-registration Date:

17 May 2018

Vehicle Make:

TOYOTA

Vehicle Model:

TOYOTA HIACE HIROOF AUTO 14 SEATER

Primary Colour:

White

Manufacturing Year:

2013

Engine No.:

1KD2308704

Chassis No.:

JTFST22PX00017420

Maximum Power Output:

-

Open Market Value:

\$37,122.00

Original Registration Date:

01 Oct 2013

First Registration Date:

01 Oct 2013

Transfer Count:

1

Actual ARF Paid:

\$0.00

**Intended PARF Rebate Details**

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

**Intended COE Rebate Details**

COE Rebate Amount:

\$0.00

**Total Rebate Amount:****\$0.00**

The information contained herein is correct as at 17 May 2018

OK