

INS. CASE OWNER:

CC 4 / III1800

9250, R1 uag

LKK:

IDAC:

Surveyor:

RABUL

DOI:

ASSIGNMENT

22/8/18

Date / Time:

21/05/2018

Registered in Merimen:

19/5/18 by MGP

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 71624

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 19/05/18

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

SKC 3374E

INSRS: A/B km
WSP: (bmk)
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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:

Surveyor: *James*

REF:

M

9250 / 1/11/11

89033

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *SKC 3374E*at Workshop m/s *AH Lim Motor*of *Autopoint # 01-09*Insured: *111 / TP*

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

*(Dam)*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: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *SKC 3374E* Yr Regn: *2011 / MHH*Type: *C* M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: *MERCEDES BENZ E250* c.c. *1796*Colour: *Blue* A/C: Insured / Std / NI / NASp. Reading: *166832* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *WDD 2120 472A 47224*Gen. Cond: Good / *Fair* / Poor / BurntSteering: *Inorder* / Jammed / Leaked / Burnt orBrake: *Inorder* / Jammed / Leaked / Burnt orModi: Nil / *S*/Rim / STD A/Rim orTyre Size: F: *245/40ZR18*R: *245/40ZR18*

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

TOYO / YOKO or

NEXEN

Front

Rear

R/Bal. *6* mm R/Bal. *6* mmL/Bal. *6* mm L/Bal. *6* mmD.O.A. *17/05/18* D.O.I. *22/05/18*Survey held at *AH Lim Motor*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

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:	Singapore NRIC
Owner ID:	8903J
Vehicle Details	
Vehicle No.:	SKC3374E
Vehicle to be Exported:	Yes
Intended De-registration Date:	17 May 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E 250
Primary Colour:	Blue
Manufacturing Year:	2011
Engine No.:	27186030244920
Chassis No.:	WDD2120472A447224
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	\$52,881.00
Original Registration Date:	16 Aug 2011
First Registration Date:	16 Aug 2011
Transfer Count:	0
Actual ARF Paid:	\$52,881.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Aug 2021
PARF Rebate Amount:	\$34,372.00
Intended COE Rebate Details	
COE Expiry Date:	15 Aug 2021
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$56,889.00
COE Rebate Amount:	\$18,267.00
Total Rebate Amount:	\$52,639.00

The information contained herein is correct as at 17 May 2018

OK