

INS. CASE OWNER:

CC 6/EA1800 9542 / Kha3

LKK:

IDAC:

Surveyor:

052

DOI:

ASSIGNMENT

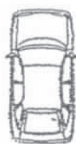
24/5/10

Date / Time:

24/5/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 57m 41835

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 10/5/10

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

SKW 1683X

INSRS:
WSP: cheng hoo
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SKW 1683X - X; 57m 41835 - CUP / A1 61300 5392 / B192m3w7, DPA: 13/7/13	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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	S\$	(days)	Reduction: %
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
Repair Cost:	S\$	Email <input type="checkbox"/> Call <input type="checkbox"/>	
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\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

ASS. REC. BY:

REF: EQ 1

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

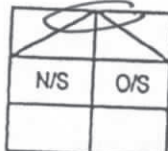
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2-3 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKW1683X

Yr Regn: 10, 15

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

Truck / Trailer or

Make:

Honda Vezel

c.c. 1496

Colour:

M.P. White

A/C: Insured / Std / NI / NA

Sp. Reading

32276

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KUI

1103058

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / A/Rlm or

Tyre Size:

F:

215/60R16

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.

10/5/18

D.O.I.

24/5/18

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

25/5

Rk pass to Cathrine, est not ready

Date/Time, File Pass to?

☐

: Prell. 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. \$

Photos

Others

TOTAL

Report Format :

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

> Back to OneMotoring

SKW1683X
TP/EQ**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4130C
Vehicle Details	
Vehicle No.:	SKW1683X
Vehicle to be Exported:	No
Intended De-registration Date:	14 May 2018
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	L15B4023059
Chassis No.:	RU11103058
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$20,029.00
Original Registration Date:	20 Oct 2015
First Registration Date:	20 Oct 2015
Transfer Count:	0
Actual ARF Paid:	\$10,041.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Oct 2025
PARF Rebate Amount:	\$7,530.00
Intended COE Rebate Details	
COE Expiry Date:	19 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,001.00
COE Rebate Amount:	\$41,609.00
Total Rebate Amount:	\$49,139.00

The information contained herein is correct as at 14 May 2018

OK

Enquire Vehicle & Owner Information (Vehicle No. SJM4183S As At 10 May 2018 / 17:30:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: CHM-SKW1683

Current Owner Details

Owner ID Type: Singapore NRIC
Owner ID: S0096608H
Owner Name: TAY KOON CHUAN
Registered Address Type: HDB / HUDC
Registered Block/House No.: 472
Registered Street Name: SEMBAWANG DRIVE
Registered Unit No.: # 13 - 417
Registered Building Name: -
Registered Postal Code: 750472

Current Vehicle Details

Vehicle No.: SJM4183S
Make Description/Model: MERCEDES BENZ / E200K
Insurance Company Name: EQ INSURANCE COMPANY LTD