

INS. CASE OWNER:

CC 3 / LCR 180 10799, Vwa3

LKK:

IDAC:

Surveyor:

Sathya

DOI:

ASSIGNMENT

12/6/18

Date / Time:

12/6/18

Registered in Merimen:

13/6/18

Pre-assign / CCU / FTE

SLF 1163H



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP: 96-18

Make / Model :

Excess Sec II :S\$

D.O.A :

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

SHC 44906



INSRS:

WSP: Smt, m

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHC 44906 - CC31 LCR 180 10799 / Vwa3 2, 009.18/18 SLF 1163H-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"/>
	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"/>	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: <input type="checkbox"/>
		Others: <input type="checkbox"/>
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\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	
Legal Cost	S\$	
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:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

REF:

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: _____

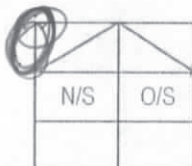
Excess: _____

(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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SHC 4490G** Yr Regn: **Apr / 2014**Type: M.Car / M.Cycle / Bus / Van / Lorry ☒ Prime Mover /

Truck / Trailer or

Make: **Toyota Prins**C.C. **1798**Colour **Maroon**

A/C: Insured / Std / NI / NA

Sp. Reading **474549**

T/Radio: Insured / Std / NI / NA

Eng/No: **2ZR1353618**C/No: **JTDKN36U005740897**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: **195/65 R15**R: **195/65 R15**

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

TOYO / YOKO or **Achilles (front) / Falken (rear)**

Front

Rear

R/Bal. **6** mm R/Bal. **6** mmL/Bal. **6** mm L/Bal. **6** mmD.O.A. **9/6/2018**D.O.I. **12/6/2018**

Survey held at

SMRTDes. of Damages: ☒ Frt / Rear / O/S / ☒ N/S / UIC / Rooftop or**N/S Front**

The UIC / Chassis frame / Body Structure affected due to collision.

TAX/06/18/2046**AIG****- SLF1163H**

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 (\$)

Survey Fee:

Transportation:

) \$ + RS, SI

) Photos

) Others

Report Format :

Form 100-100-100-100

[> Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SHC4490G		
Vehicle Type :	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1 :	Air-Con (Taxi)		
Vehicle Scheme :	Taxi (Company)		
Vehicle Make :	TOYOTA		
Vehicle Model :	PRIUS TAXI (SMRT)		
Chassis No. :	JTDKN36U005740897		
Propellant :	Petrol-Electric		
Engine No. :	2ZR1353618		
Motor No. :	3JM1353618		
Engine Capacity :	1798 cc		
Power Rating :	60.0 kW		
Maximum Power Output :	100.0 kW (134 bhp)		
Maximum Laden Weight :	1805 kg		
Unladen Weight :	1370 kg		
Year Of Manufacture :	2014		
Original Registration Date :	09 Apr 2014		
Lifespan Expiry Date :	08 Apr 2022		
COE Category :	A - Car up to 1600cc & 97kW (130bhp)		
PQP Paid :	\$59,871.00		
COE Expiry Date :	08 Apr 2022		
Road Tax Expiry Date :	08 Oct 2018		
PARF Eligibility Expiry Date :	08 Apr 2022		
Inspection Due Date :	08 Oct 2018		
Intended Transfer Date :	13 Jun 2018		
CO2 Emission :	92.00 (g/km)		
CEV/VES Rebate Utilised Amount :	\$30,000.00		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
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
Total Amount Payable :			25.00
Message			
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.			

You may print this page for reference.

OK

Print