

INS. CASE OWNER:

Stacey | CC4, Asm 180 10807, Kwa3

LKK: 57603  
IDAC:

Surveyor:

KSL

DOI:

ASSIGNMENT

18/6/18

Date / Time:

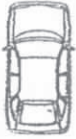
13-06-18

Registered in Merimen:

Pre-assign / CCU / FTE

S6H 4700L

S8m00k18



Insured Vehicle No.:

Claim No.:

Name of Insured:

My bee bee

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A: 8-6-18

Place of Accident:

CPD Hartland Mall

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

SKT 75601



INSRS:

WSP:

Tel:

Liability:

RMKS:

Ah Lim



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SKT 75601 - X: S6H 4700L - X  
18/6 01NR. sent out first letter

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:

20/6/18

Sent By:

Hm

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

REF:

ASM CAXA7

1080X/KW

# ASSIGNMENT

From:

Date:

18-06-2018

Estimated Cost:

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

To Inspect Vehicle No:

SKT 7500T

at Workshop m/s

Ah Lim Motor

of

Blk 10 AMK Ind Park 2A #01-09

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

10-300um

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

Bal. or Market Value:

8115K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKT 7500T

Yr Regn:

06 / 15

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

Truck / Trailer or

Make:

Toy Estimo

C.C

2362

Colour

M. Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

677C1

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ACR50

0188657

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:

225/50 ZR18

R:

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

8/6/18

D.O.I.

18/6/18

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

015 body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

18/6

File pass to Customer

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS. \$ SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2663G
Vehicle Details	
Vehicle No.:	SKT7560T
Vehicle to be Exported:	No
Intended De-registration Date:	09 Jun 2018
Vehicle Make:	TOYOTA
Vehicle Model:	ESTIMA AERAS 2.4 CVT ABS D/AIRBAG 2WD
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	2AZJ139820
Chassis No.:	ACR500188657
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$29,052.00
Original Registration Date:	23 Jun 2015
First Registration Date:	23 Jun 2015
Transfer Count:	0
Actual ARF Paid:	\$32,673.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Jun 2025
PARF Rebate Amount:	\$24,504.00
Intended COE Rebate Details	
COE Expiry Date:	22 Jun 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$71,509.00
COE Rebate Amount:	\$50,314.00
<b>Total Rebate Amount:</b>	<b>\$74,818.00</b>

The information contained herein is correct as at 09 Jun 2018

OK