

Surveyor:

KSL

DOI:

29/6/18

Date / Time :

25/6/18

Registered in Merimen:

26/6/18

Pre-assign / CCU / FTE

SHC80417



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

25/6/18

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

SLS 9062U



INSRS:

WSP:

Tel :

Liability :

RMKS:

Accord Bntr-



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLS 9062U - X;

SHC80417 - 02/16/18 2446/11/23/92; DAA: 5/2/18

- 16/16/18 2446/11/23/92; DAA: 5/2/18

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:

ASSIGNMENT

From: Date: 29062018

Estimated Cost:

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

To Inspect Vehicle No: SLS 9062U

at Workshop m/s Accord Auto

of 311C10 AMK Ind Park 2A #03-11

Insured:

Policy No.

Claims No.

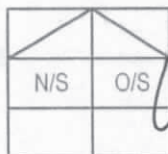
Sum Insured: Excess:

(Client's Record)

Make of Veh: Jessy

(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: 03 days Res.: Yes or No

Lum Sum: 1.1% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SLS 9062U Yr Regn: 01, 14

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

Truck / Trailer or

Make:

Mr B200 C.C. 1595

Colour:

M. Gray A/C: Insured / Std / NI / NA

Sp. Reading:

96627 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

W00 2462432 J204 294

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 / 45R17

R:

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

TOYO / YOKO or

Fixers

Front

R/Bal. 8 mm

Rear

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 25/6/18

D.O.I. 29/6/18

Survey held at

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

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

Date / Time Action / Instruction

2/7 Repair to Car body

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

Report Format :

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

> Back to OneMotoring

Enquire Transfer Fee

Vehicle No.:	SLS9062U
Vehicle Type:	P10 - Passenger Motor Car
Vehicle Attachment 1:	No Attachment
Vehicle Scheme:	Normal
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	B 200 AT ABS AIRBAGS HID 2WD 5DR 2TP
Chassis No.:	WDD2462432J204294
Propellant:	Petrol
Engine No.:	27091030258574
Engine Capacity:	1595 cc
Maximum Power Output:	115.0 kW (154 bhp)
Maximum Laden Weight:	1950 kg
Unladen Weight:	1425 kg
Year Of Manufacture:	2013
Original Registration Date:	14 Jan 2014
Lifespan Expiry Date:	-
COE Category:	A - Car (1600cc & below)
Quota Premium:	\$74,002.00
COE Expiry Date:	13 Jan 2024
Road Tax Expiry Date:	13 Jul 2018
PARF Eligibility Expiry Date:	13 Jan 2024
Inspection Due Date:	13 Jan 2019
Intended Transfer Date:	25 Jun 2018
CO2 Emission:	141.00 (g/km)
CEV/VES Rebate Utilised Amount:	\$5,000.00
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

The current road tax expiry is 13 Jul 2018. You may renew the road tax from 14 Apr 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 13 Jul 2018, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late 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 Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	370.00	-	370.00
Total Amount Payable:			395.00

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	740.00	-	740.00
Total Amount Payable:			765.00

You may print this page for reference.

OK

Print