15/5/2010

INS. CASE OWNER: CC 4/pc 180 11622 / Upa3

LKK:

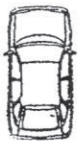
IDAC:

ASSIGNMENT

Surveyor: MARKUS DOI: 26/6/18 Date / Time : 27/6/18

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SGP 5630G

Claim No. : 17/18/18/VPUX/020649

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$ D.O.A : 26/18

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

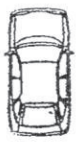
If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

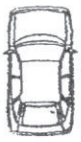
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

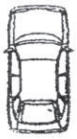
YL 6348Z → → →



INSRS:
WSP: Liberty
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	YL 6348Z - X; SGP 5630G - X

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$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format:
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$	
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:	

Quotation

REF: LPC

ASSIGNMENT

From: Date: 26/06/2018

Estimated Cost:

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

To Inspect Vehicle No: YL 6348Z

at Workshop m/s: Liu's Brother

of: No.1, Kaki Bukit Ave 6 # 01-01

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.

N/S	O/S

Bal. or Market Value: 6800

IDAC Accident Rport: 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 (up) 7/3/2019

Date: Person Contacted: Vehicle: IN / OUT

Veh No: YL 6348Z Yr Regn: 3 04

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (M)

Make: m.t carter c.c 3908

Colour white A/C: Insured / Std / NI / NA

Sp.Reading 635990 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FE639EA45404

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Loose / Jammed / Leaked / Burnt or

Brake: Loose / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 7.00 R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Triangle

Front		Rear	
R/Bal.	6 mm	R/Bal.	6/6 mm
L/Bal.	6 mm	L/Bal.	6/6 mm
D.O.A.	2/6/18	D.O.I.	20/6/18

Survey held at

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

NS Rr.

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

Date / Time	Action / Instruction
	LTA 34779

Date/Time, File Pass to?

1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + PS SI

☐ : Interview ($) Photos

☐ : Tech Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	1196N

Vehicle Details

Vehicle No.:	YL6348Z
Vehicle to be Exported:	No
Intended De-registration Date:	26 Jun 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	FE639E6SRDE
Primary Colour:	White
Manufacturing Year:	2003
Engine No.:	4D34J68683
Chassis No.:	FE639EA45404
Maximum Power Output:	-
Open Market Value:	$25,568.00
Original Registration Date:	08 Mar 2004
First Registration Date:	08 Mar 2004
Transfer Count:	1
Actual ARF Paid:	$1,279.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

COE Expiry Date:	07 Mar 2019
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	$25,158.00
COE Rebate Amount:	$3,479.00
Total Rebate Amount:	**$3,479.00**

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 26 Jun 2018

OK