15/5/2010	Stacey	CC 4 / ASM 180 11949 , Kua³	LKK:	54448
INS. CASE OWNER:			IDAC:	

ASSIGNMENT

Surveyor: Kenneth   DOI: 25-6-18   Date / Time : 28/6/18

Registered in Merimen: ✓

Pre-assign / CCU / FTE

Insured Vehicle No. : SKJ 8181A   Claim No. : S8M00M1E

Name of Insured : TAN BOON KEAT @ GAVIN TAN BOON KEAT   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 27/6/18   Place of Accident : EVAN ROAD
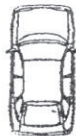
Is driver the owner? (YES / NO)   Nature of Accident : _____

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**

SJA 902 Z →   →   →   →   ____
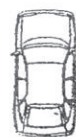
INSRS:	INSRS:	INSRS:	INSRS:
WSP: Accord Auto.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SJA902Z- CC3/INC16000281/QEB52-1 ; DOA. 30/12/18	Non-Reporting ltr (1st):	
	SKJ8181A, ✗	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	21/7 DINA. sent out 1st letter.	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: 21/7   Sent By: thm

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

ASSIGNMENT

From:	Date: 29/6/18
Estimated Cost:	

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

To Inspect Vehicle No: **SJA 9022**

at Workshop m/s **Accord Auto**

of **10 AMK Ind. Park 2A #03-11**

Insured: _____

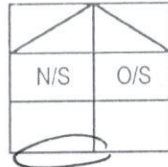Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)   **after 11am**

Make of Veh:

(Policy Condition)

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

Bal. or Market Value: **$ 28k**

IDAC Accident Rport: _____ Consistent? : Yes or **No**

GIA / PR Seen: _____ Consistent? : Yes or **No**

Est. Repairs: **03** days   Res.: Yes or No

Lum Sum: **20** %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS   'wp?
11'22
Date: _____ Person Contacted: _____   Vehicle: IN / OUT

Veh No: **SJA 9022** Regn: **11, 07**

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

Make: **Toy Vios**   c.c **1497**

Colour **M. Grey**   A/C: Insured / Std / NI / NA

Sp.Reading **333900**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **MR053HY 930503031Y**

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: **185/60R15**

R: _____

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

Front		Rear	
R/Bal.	**6** mm	R/Bal.	**6** mm
L/Bal.	**6** mm	L/Bal.	**6** mm
D.O.A. **27/6/18**		D.O.I. **29/6/18**	

Survey held at _____

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

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

Date / Time	Action / Instruction
2/7	File pass to Catherine

Date/Time, File Pass to? ☐ : Preli. Report

1) _____   ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp   ($ ___)
☐ : Interview   ($ ___)
☐ : Tech. Invs ($ ___)
☐ : Weekend   ($ ___)

Survey Fee:	
Transportation:	
___ S + RS, ___ SI	
Photos	
Others	
TOTAL	

> Back to OneMotoring

Enquire Transfer Fee

Vehicle No. :	SJA902Z
Vehicle Type :	P10 - Passenger Motor Car
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	TOYOTA
Vehicle Model :	VIOS E AUTO
Chassis No. :	MR053HY9305030314
Propellant :	Petrol
Engine No. :	1NZX630292
Engine Capacity :	1497 cc
Maximum Power Output :	80.0 kW (107 bhp)
Maximum Laden Weight :	1505 kg
Unladen Weight :	1095 kg
Year Of Manufacture :	2007
Original Registration Date :	27 Nov 2007
Lifespan Expiry Date :	-
COE Category :	A - Car (1600cc & below)
PQP Paid :	$20,997.00
COE Expiry Date :	26 Nov 2022
Road Tax Expiry Date :	26 Nov 2018
Inspection Due Date :	26 Nov 2018
Intended Transfer Date :	28 Jun 2018
CO2 Emission :	-
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 Before GST (S$)	GST Amount (S$)	Amount After GST (S$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

Please note that the 5-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