

INS. CASE OWNER:

CL

cc 4, ASM 180 (2576, Kua3

LKK:

IDAC:

56095

Surveyor:

Kenneth

DOI:

10/7/2018

Date / Time:

9/7/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

YP 46685

Name of Insured:

EXCEL HARDWARE PL

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

6/7/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

58moonsp

Policy No.:

Make / Model:

Place of Accident:

Jambawany Rd > Yishu

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

SLD 504A



INSRS:

WSP:

Tel:

Liability:

RMKS:

Man: United



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

10/7

SLD 504A, X; YP 46685 - X
BMP - Sent out 1st 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:

11/7/18

Sent By:

fmr (view only).

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:

ASS. REC. BY:

REF: AA/

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. _____

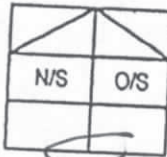
Sum Insured: _____

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: 8740

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 4-5 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: SID 504AYr Regn: 06, 16Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: Toy Priusc.c. 1497Colour: M. Blue

A/C: Insured / Std / NI / NA

Sp. Reading 71011

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTOKD3B3107127856Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD / A/Rlm orTyre Size: F: 185/60R15

R: _____

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

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 6/7/18D.O.I. 10/7/18

Survey held at _____

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

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

Date / Time

Action / Instruction

11/7 File pass to Coroner

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS. \$

Photos

Others

TOTAL

Report Format: _____

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

0% 25% 50% 75% 100%

Register New Vehicle (Acknowledgement)

Vehicle Particulars

1U: 1126639393

H0331

Vehicle No.: SLD504A
 Vehicle Type: P10 - Passenger Motor Car
 Vehicle Attachment 1: No Attachment
 Vehicle Attachment 2: -
 Vehicle Make: TOYOTA
 Chassis No.: JTDKD3B3101127856
 Motor No.: 1LMR406592
 Propellant: Petrol-Electric
 Engine Capacity: 1497 cc
 Maximum Power Output: 74.0 kW (99 bhp)
 Unladen Weight: 1120 kg
 Primary Colour: Blue
 First Registration Date: 01 Jun 2016
 Manufacturing Year: 2016
 PARF Eligibility: Yes
 No. of Transfers: 0
 Actual ARF Paid: \$5,000.00

Owner Particulars

Owner Name: KO BAK PHENG
 Owner ID Type: Singapore NRIC
 Owner ID: S1508844C
 Registered Address Type: HDB / HUDC
 Registered Block/House No.: 926
 Registered Street Name: YISHUN CENTRAL 1
 Registered Unit No.: # 03 - 177

Registered Building Name: -

Registered Postal Code: 760926

COE No. / Expiry Date: 2016040101000682C / 31 May 2026

COE Bid Category: A - Car (up to 1600cc & 97kW (130bhp))

QP Paid: \$45,000.00

Transaction Details

Business Transaction Ref. No.: 20160601084812310560

Business Transaction Date: 01 Jun 2016

Business Transaction Time: 08:48:12

Message

The above vehicle has been successfully registered.

Vehicle Scheme: Normal

Vehicle Attachment 3: -

Vehicle Model: PRIUS C 1.5 HYBRID CVT

Engine No.: 1NZR406592

Trailer Chassis No.: -

Passenger Capacity: 4

Power Rating: 45.0 kW

Maximum Laden Weight: 1565 kg

Secondary Colour: -

Original Registration Date: 01 Jun 2016

Open Market Value: \$24,178.00

Minimum PARF Benefit: \$2,500.00

Additional Registration Fee Rate: First \$20,000.00 (100%), next \$4,178.00 (140%)

01/06/20