

INS. CASE OWNER:

CC 4, two 180 13015, Gre3

LKK:

IDAC:

Surveyor:

Xh2

DOI:

ASSIGNMENT

12/1/18

Date / Time:

16/1/18

Registered in Merimen:

12/1/18

Pre-assign / CCU / FTE

SLF 69900



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

14/1/2018

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

SLF 48642



INSRS:

WSP:

Tel :

Liability :

RMKS:

CPHE Braden



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLF 48642 - X; SLF 69900 - 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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

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:

(08/11/13) wef

ASS. REC. BY:

REF: FWD

13.

ASSIGNMENT

From: Date: 17/07/18

Estimated Cost:

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

To Inspect Vehicle No: SLF 4864Z

at Workshop m/s

of

Comfort Delgro
205 Braddell Road

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:

IDAC Accident Rpt: 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)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SLF 4864Z

Yr Regn:

29 Aug 2016

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

Truck / Trailer or

Make:

Honda vesel

c.c.

1496

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

104617

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

RU11117392

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60 R16

R:

11

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

TOYO / YOKO or

Achilles

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

17-07-18

Survey held at

WS

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

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:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	SLF4864Z
Vehicle Type :	Z10 - Private Hire (Chauffeur) Motor Car
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	HONDA
Vehicle Model :	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
Chassis No. :	RU11117392
Propellant :	Petrol
Engine No. :	L15B4037398
Engine Capacity :	1496 cc
Maximum Power Output :	96.0 kW (128 bhp)
Maximum Laden Weight :	1465 kg
Unladen Weight :	1190 kg
Year Of Manufacture :	2016
Original Registration Date :	29 Aug 2016
Lifespan Expiry Date :	-
COE Category :	A - Car up to 1600cc & 97kW (130bhp)
Quota Premium :	\$47,020.00
COE Expiry Date :	28 Aug 2026
Road Tax Expiry Date :	28 Feb 2019
PARF Eligibility Expiry Date :	28 Aug 2026
Inspection Due Date :	28 Aug 2019
Intended Transfer Date :	20 Jul 2018
CO2 Emission :	117.00 (g/km)
CEV/VES Rebate Utilised Amount :	\$10,000.00
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-