

INS. CASE OWNER:

CC 4/100 180 13044, K. ea3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

18/1/18

Date / Time:

18/1/18

Registered in Merimen:

18/1/18

Pre-assign / CCU / FTE

6u3789 u



Insured Vehicle No. :

Claim No. :

DM CV 18000534 / 12

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

10/1/2018

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

SKN 2980



INSRS:

WSP:

Tel :

Liability :

RMKS:

Antimes



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SKN 2980. X; 6u3789 u. X	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\$		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:	

ASS. REC. BY:

REF: 1CS/

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: 8188k

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

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

18/7 File pass to Catherine, est not ready

Date/Time, File Pass to?

☐

: Prell. 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. \$ _____

Fictos _____

Others _____

TOTAL

Veh No: SKN2980Yr Regn: 08, 14

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

Truck / Trailer or

Make: Toy Alpha

c.c

2362Colour: N. Black

A/C: Insured / Std / NI / NA

Sp. Reading: 329155

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: AN14208339564Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 235/50R18

R: _____

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

Front

Rear

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

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or& 1st

The UIC / Chassis frame / Body Structure affected due to collision.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	0477H
Vehicle Details	
Vehicle No.:	SKN298D
Vehicle to be Exported:	No
Intended De-registration Date:	19 Jul 2018
Vehicle Make:	TOYOTA
Vehicle Model:	ALPHARD 2.4S LIMITED A
Primary Colour:	Black
Manufacturing Year:	2014
Engine No.:	2AZG408638
Chassis No.:	ANH208339564
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$37,657.00
Original Registration Date:	12 Aug 2014
First Registration Date:	12 Aug 2014
Transfer Count:	0
Actual ARF Paid:	\$44,720.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Aug 2024
PARF Rebate Amount:	\$33,540.00
Intended COE Rebate Details	
COE Expiry Date:	11 Aug 2024
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$65,700.00
COE Rebate Amount:	\$39,826.00
Total Rebate Amount:	\$73,366.00

The information contained herein is correct as at 19 Jul 2018

OK