

INS. CASE OWNER:

CC4, EA1 180 13708, T/wa3

LKK:

IDAC:

Surveyor:

MTH

DOI:

ASSIGNMENT

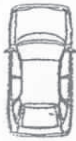
26/3/18

Date / Time:

26/3/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJU 7472X

Claim No. : 67

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : 2/3/2018

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

Sum 9706C

INSRS:
WSP: Regms
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	Sum 9706C - X :	Non-Reporting ltr (1st):	
	SJU 7472X - NA/EA1 180 23 611 / 44 : 00 9 : 11/2/17	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost: S\$ (days) Reduction: %		Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time:		Confirm with	
Final Liability: % (Agreed / Assessed) BOLA S/N No. :		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Repair Cost: S\$		If NO or B 28, Ass. Lia :	
Loss of Rental (LOR): S\$ (days)			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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:	
Payee 1: S\$		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 2: (Strike if N.A.) S\$		Name 1:	
Payee 3: (Strike if N.A.) S\$		Name 2:	
		Name 3:	

REF:

ECICS EOI Wah.

Surveyor

Taylan

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. _____

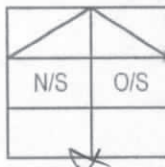
Claims No. _____

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: _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

SLM9706C

Yr Regn:

2017, April.

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

Truck / Trailer or

Make:

Mazda 3

C.C.

1496

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

94724

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JMBRN 22ASH 044988

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:

205/60R14

R:

~ ~

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

TOYO / YOKO or

Westlake

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

26/7/18

Survey held at

Pogues

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: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

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:	7200G
Vehicle Details	
Vehicle No.:	SLM9706C
Vehicle to be Exported:	Yes
Intended De-registration Date:	05 Jul 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 SEDAN 1.5 AT EU6
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	P520441637
Chassis No.:	JM6BN22A8H0149988
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,476.00
Original Registration Date:	19 Apr 2017
First Registration Date:	19 Apr 2017
Transfer Count:	0
Actual ARF Paid:	\$9,476.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Apr 2027
PARF Rebate Amount:	\$7,107.00
Intended COE Rebate Details	
COE Expiry Date:	18 Apr 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,765.00
COE Rebate Amount:	\$41,412.00
Total Rebate Amount:	\$48,519.00

The information contained herein is correct as at 05 Jul 2018

OK