

INS. CASE OWNER:

VO

CC

4, km 180 14394, TI ua3

LKK:

IDAC:

61868

Surveyor:

M/A

DOI:

ASSIGNMENT

6/8/2018

Date / Time :

6/8/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 22616

Claim No. : 88m0002V

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : S\$

D.O.A : 3/8/2018

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

SLV 96114



INSRS:

WSP:

Tel :

Liability :

RMKS:

Regurus



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLV 96114 - X;

SLX 22616 - CC3/A1618012546/TIUA3, D.O.A: 8/7/2018

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:

Sent By:

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:

Surveyor

Taufhi

REF:

AX4

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: _____

975K.

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: S2V96114 Yr Regn: 2018 / Jan

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

Truck / Trailer or

Make: Mazda 3

C.C

1496

Colour: silver

A/C: Insured / Std / NI / NA

Sp. Reading: 4922

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

5M6BN22ABH060972

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: _____

R: _____

205/60R16

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

TOYO / YOKO or

Front

Rear

R/Bal. _____

mm

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

D.O.I. _____

01/8/18

Survey held at Pogasus

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
☐ : Final Report

1)

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 PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|--------------------------------|--------------------------------------|
| Owner ID Type: | Company |
| Owner ID: | 7200G |
| Vehicle Details | |
| Vehicle No.: | SLV9611U |
| Vehicle to be Exported: | Yes |
| Intended De-registration Date: | 04 Aug 2018 |
| Vehicle Make: | MAZDA |
| Vehicle Model: | MAZDA3 SEDAN 1.5 AT EU6 |
| Primary Colour: | Silver |
| Manufacturing Year: | 2017 |
| Engine No.: | P520453313 |
| Chassis No.: | JM6BN22A8H0160972 |
| Maximum Power Output: | 88.0 kW (118 bhp) |
| Open Market Value: | \$14,938.00 |
| Original Registration Date: | 24 Jan 2018 |
| First Registration Date: | 24 Jan 2018 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$14,938.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 23 Jan 2028 |
| PARF Rebate Amount: | \$11,203.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 23 Jan 2028 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$36,001.00 |
| COE Rebate Amount: | \$28,800.00 |
| Total Rebate Amount: | \$40,003.00 |

The information contained herein is correct as at 04 Aug 2018

OK