

INS. CASE OWNER:

cc 4, upc 180 14502, K ua3

LKK:
IDAC:

Surveyor:

KSL

DOI:

ASSIGNMENT

13/8/2018

Date / Time :

8-10-18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : STL 2904

Claim No. : 18/18/18/1020819

Name of Insured :

Policy No. :

Insured Tel No. : HP: 6181-8

Make / Model : Vol

Excess Sec II :SS D.O.A. : 6/8/18

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

SJF 23246



INSRS:
WSP: AK km,
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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)	<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: _____ 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\$ _____

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: LPC

ASSIGNMENT

From: _____ Date: 13/8/18

Estimated Cost: _____

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

To Inspect Vehicle No: SJF 2324C

at Workshop m/s Ah Jim Motor

of No. 10 AMK Ind. Park 2A # 01-09

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record) 1pm @ owner's office

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 33k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS sup

Date: 5/23 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJF 2324C Yr Regn: 05, 08

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

Truck / Trailer or _____

Make: Honda Civic c.c. 1799

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 155303 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J14MFD15308S215621

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 A/Rim or _____

Tyre Size: F: _____ R: 225/40ZR18

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

TOYO / YOKO or _____

Front R/Bal. 8 mm Rear R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 6/18/18 D.O.I. 13/8/18

Survey held at _____

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

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

Date / Time	Action / Instruction
<u>14/8</u>	<u>file pass to Catherine</u>

Date/Time, File Pass to? : Preli. Report : Final Report

1) 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:	Singapore NRIC
Owner ID:	0212Z
Vehicle Details	
Vehicle No.:	SJF2324C
Vehicle to be Exported:	No
Intended De-registration Date:	07 Aug 2018
Vehicle Make:	HONDA
Vehicle Model:	CIVIC 1.8L M
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	R18A13034181
Chassis No.:	JHMFD15308S215621
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$21,208.00
Original Registration Date:	23 May 2008
First Registration Date:	23 May 2008
Transfer Count:	0
Actual ARF Paid:	\$21,208.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	22 May 2023
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$19,356.00
COE Rebate Amount:	\$18,544.00
Total Rebate Amount:	\$18,544.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 07 Aug 2018

OK