

INS. CASE OWNER:

CL

CC 4 / Asm 180 16134, K has

LKK:

IDAC:

67060

Surveyor:

KSL

DOI:

ASSIGNMENT

11/9/18

Date / Time:

31/9/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJV 1792 G

Claim No. : S8mrou24

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A: 30/8/2018

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

GBA4072 G



INSRS:

WSP:

Tel :

Liability :

RMKS:

Lim Tan



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GBA4072 G - x; SJV 1792 G - 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:

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

ASSIGNMENT

From: \_\_\_\_\_ Date: 11.09.2018  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: GBA 40226  
 at Workshop m/s Lim Tan  
 of 176 Sin Ming Drive  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

after 11am

(Policy Condition)

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

Bal. or Market Value: 830k  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 03 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: GBA 40226 Yr Regn: 06 / 07  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Toy Hieu C.C. 2882  
 Colour: Yellow A/C: Insured / Std / NI / NA  
 Sp.Reading: 464104 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTFH 702 P6 0000 4453  
 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: 195 R15 x 8  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or CITRO  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 9 mm R/Bal. 9 mm  
 L/Bal. 9 mm L/Bal. 9 mm  
 D.O.A. 30/8/18 D.O.I. 11/9/18  
 Survey held at \_\_\_\_\_  
 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

12/9 File pass to Catherine

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:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

\_\_\_\_ S + RS, \_\_\_\_ SI

Photos

Others

Report Format :

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

TOTAL

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Owner ID:

### Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended De-registration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

### Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

### Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

### Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 31 Aug 2018

Company

1562E

GBA4022G

No

31 Aug 2018

TOYOTA

HIACE MANUAL

White

2007

1KD1652614

JTFHT02P600004453

-

\$24,590.00

27 Jun 2007

27 Jun 2007

0

\$0.00

No

-

\$0.00

26 Jun 2022

C - Goods Vehicle & Bus

5

\$18,757.00

\$14,338.00

\$14,338.00

OK