

INS. CASE OWNER:

CC 4, A1618016770, Kfa3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

14/9/18

Date / Time:

12/9/18

Registered in Merimen:

13/9/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLS 9634U

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 8/9/18

Make / Model :

Excess Sec II :SS D.O.A: 8/9/18

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

SDK 1206



INSRS:

WSP: Seng / hr

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SDK 1206 - 01/15/12002070/Kfa3 : 01/11/12
SLS 9634U - 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:

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\$

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: 14092018

Estimated Cost: _____

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

To Inspect Vehicle No: SDK 1206

at Workshop m/s Geng Kin

of Blk 1 Sin ming Ind Est #01-131

Insured: _____

Policy No. _____

Claims No. _____

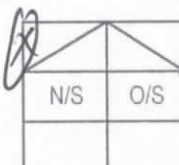
Sum Insured: _____ Excess: _____

(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: 07 days Res.: Yes or No

Lum Sum: 1. B. % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SDK 1206 Yr Regn: 03 / 15

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

Truck / Trailer or

Make: NIS Elgran C.C 2488

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp. Reading: 27718 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1 TBAE5280802366

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: 225/55R18

R: _____

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 8/9/18

Survey held at

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.I. 14/9/18

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

NIS M & M/C

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

Date / Time Action / Instruction

1. / 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: _____

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: Singapore NRIC
Owner ID: 4361J

Vehicle Details

Vehicle No.: SDK120G
Vehicle to be Exported: Yes
Intended Deregistration Date: 10 Sep 2018
Vehicle Make: NISSAN
Vehicle Model: ELGRAND HIGHWAY STAR 2.5 MCVT 8AB HID
Primary Colour: Grey
Manufacturing Year: 2014
Engine No.: QR25113262L
Chassis No.: JN1TBAE52Z0802366
Maximum Power Output: 125.0 kW (167 bhp)
Open Market Value: \$34,544.00
Original Registration Date: 06 Mar 2015
First Registration Date: 06 Mar 2015
Transfer Count: 0
Actual ARF Paid: \$40,362.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 05 Mar 2025
PARF Rebate Amount: \$30,271.00

Intended COE Rebate Details

COE Expiry Date: 05 Mar 2025
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$66,751.00
COE Rebate Amount: \$43,279.00
Total Rebate Amount: \$73,550.00

The information contained herein is correct as at 10 Sep 2018

OK