

INS. CASE OWNER:

CC 4, FWD 180 17/01, U ea3

LKK:

IDAC:

Surveyor:

CKS

DOI:

ASSIGNMENT

19/9/18

Date / Time :

19/9/18

Registered in Merimen:

19/9/18

Pre-assign / CCU / FTE

SGL 6119 G



Insured Vehicle No. :

Claim No. :

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 :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

PC 2616E



INSRS:

WSP: Thank you.

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

PC 2616E - X; SGL 6119 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:

PRELIMINARY ADVICE Date/Time:

26/9/18

Sent By:

hm

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\$

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 *mercus*

REF: FWD

Veh²

ASSIGNMENT

From: _____ Date: 21-09-2018

Estimated Cost: _____

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

To Inspect Vehicle No: PC 2616E

at Workshop m/s Think One

of No. 18 Ave 2

Insured: Defu

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: PC 2616E Yr Regn: 4, 14

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

Truck / Trailer or

Make: GOLDEN DRAGON c.c. 6690

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 15-3336 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LL3BEC DHXEA 010637

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: 255 / 70d 22.5
R: _____

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

TOYO / YOKO or amberstone.

Front R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 30/8/18 D.O.I. 21/9/18

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

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. \$ _____

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:	9323E
Vehicle Details	
Vehicle No.:	PC2616E
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Sep 2018
Vehicle Make:	GOLDEN DRAGON
Vehicle Model:	XML6957J14B TURBO MANUAL 41 SEATER
Primary Colour:	Multi-Colour
Manufacturing Year:	2014
Engine No.:	ISB67E522522106751
Chassis No.:	LL3BECDHXEA010637
Maximum Power Output:	-
Open Market Value:	\$91,886.00
Original Registration Date:	21 Apr 2014
First Registration Date:	21 Apr 2014
Transfer Count:	0
Actual ARF Paid:	\$4,595.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	20 Apr 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$53,891.00
COE Rebate Amount:	\$30,084.00
Total Rebate Amount:	\$30,084.00

The information contained herein is correct as at 21 Sep 2018

OK