

INS. CASE OWNER:

CC 6 / LR 180 17/51 / VJ 95

LKK:

IDAC:

Surveyor:

MARENS

DOI:

ASSIGNMENT

2019/18

Date / Time:

20/9/18

Registered in Merimen:

20/9/18

Pre-assign / CCU / FTE

SLF 7586E



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A: 14/9/18

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

GBE 7338E



INSRS:

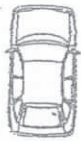
WSP:

Tel :

Liability :

RMKS:

tan him



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GBE 7338E - X; SLF 7586E - 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\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Surveyor

ASSIGNMENT

From: _____ Date: 18/09/2018
 Estimated Cost: _____
 OD / ☒ TP / RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: ABE 7338E
 at Workshop m/s Tan Lim
 of 51 Debutone 10
 Insured: SLK 7586E
 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

Q / PR Seen: 2 Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No 370\$

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: ABE 7338E Yr Regn: 3/16
 Type: M.Car / M.Cycle / Bus / Van / ☒ Lotry / Taxi / Prime Mover /

Truck / Trailer or (M)

Make: Toyota Dyna c.c. 2982

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

Sp. Reading: 70870 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFAT35Y30K205903

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NH / S/Rim / STD A/Rim or

Tyre Size: F: 195 R15

R: 155 R12

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 14/9/18

Survey held at _____

Rear

R/Bal. 6/6 mm

L/Bal. 6/6 mm

D.O.I. 20/9/18

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

015 Rr.

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

Date / Time: 20/9/18 Action / Instruction: conf. and 4/5 @ 1300 with Malye

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation: _____ \$ + RS. _____ \$

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:	Company
Owner ID:	3705M
Vehicle Details	
Vehicle No.:	GBE7338E
Vehicle to be Exported:	Yes
Intended Deregistration Date:	15 Sep 2018
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA DYNA 150 MANUAL
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	1KD2583337
Chassis No.:	JTFAT35Y30K205903
Maximum Power Output:	-
Open Market Value:	\$24,944.00
Original Registration Date:	10 Mar 2016
First Registration Date:	10 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$1,248.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	09 Mar 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$4,642.00
COE Rebate Amount:	\$3,472.00
Total Rebate Amount:	\$3,472.00

The information contained herein is correct as at 15 Sep 2018

OK