15/5/2010

INS. CASE OWNER: Stacey. | CC 4 / Asm 180 17474 / Kea3 | LKK: IDAC: 71873

ASSIGNMENT

Surveyor: KSC   DOI: 25/9/2018   Date / Time : 28/9/18

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJN 8373D	Claim No. :	S8MOOWK7
Name of Insured :	GOH CHER SIAH	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 21/09/18	Place of Accident :	Gambas Ave
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**

SFA 6698X → → →

INSRS: WSP: T&T Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SFA6698X - CC6/AIG 10003793/ Kim2g1 ; DOA: 12/1/10
	SJN 8373D - X
28/9	OIM. sent out 1st letter

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: 28/9	Sent By: [signature]	
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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		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:	

ASS. REC. BY: Kenneth | REF: ADA /

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s T&T

of _____

Insured: _____

Policy No. _____

Claims No. _____

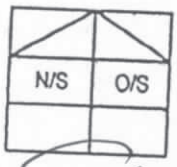
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: @ 13k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 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: SFA 6698X Yr Regn: 02, 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Allion (A) c.c 1496

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

Sp.Reading 182541 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NZT 260 - 3038273

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	21/9/18	D.O.I.	25/9/18

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
26/9	File pass to Catherine, est not ready.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Photos _____

Others _____

TOTAL _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	2317L
Vehicle Details	
Vehicle No.:	SFA6698X
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Sep 2018
Vehicle Make:	TOYOTA
Vehicle Model:	ALLION 1.5 A
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	1NZD298377
Chassis No.:	NZT2603038273
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	$20,345.00
Original Registration Date:	23 Feb 2009
First Registration Date:	23 Feb 2009
Transfer Count:	1
Actual ARF Paid:	$20,345.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Feb 2019
PARF Rebate Amount:	$10,172.00
Intended COE Rebate Details	
COE Expiry Date:	22 Feb 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	$4,460.00
COE Rebate Amount:	$183.00
Total Rebate Amount:	**$10,355.00**

The information contained herein is correct as at 26 Sep 2018

OK