INS. CASE OWNER: CC4 / 11 / 180 17876 / U has | IDAC:

ASSIGNMENT

Surveyor: ABT | DOI: 8/10/18 | Date / Time : 1/10/18

Registered in Merimen: 2/10/18

Pre-assign / CCU / FTE

SHA 7363 G

Insured Vehicle No. : | Claim No. :

Name of Insured : | Policy No. :

Insured Tel No. : | HP: | Make / Model :

Excess Sec II :S$ | D.O.A : 21/9/18 | 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**

SFS 4102 S → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: K Kim Hin	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SFS 4102S - X ; SHA 7363G - 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$	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:

REF:

Garage

ASSIGNMENT

COE June 2020

From: Date:

Estimated Cost

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

To Inspect Vehicle No

at Workshop m/s

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.

N/S O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SFS 4102S Yr Regn: 2010 / June

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

Make: Honda Odyssey c.c 2354

Colour: Black A/C: Insured / Std / Nil / NA

Sp.Reading 182746 T/Radio: Insured / Std / Nil / NA

Eng/No: K24Z21301001

C/No: JHMRB38309C200995

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Intact / Jammed / Leaked / Burnt or

Brake: Intact / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60 R16

R: —11—

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.	5	mm	L/Bal.	5	mm

D.O.A. 21/09/2018 D.O.I. 08/10/2018

Survey held at K.K.Hin B/160 Sin Ming

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

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

Date / Time	Action / Instruction
	TP SHA 7363G

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: : Site Insp ($) S+R8, SI

: Interview ($) Photos

: Tech. Invs ($) Others

: Weekend ($)

Report Format :

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Foreign Identification Number
Owner ID:	1212M
Vehicle Details	
Vehicle No.:	SFS4102S
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Sep 2018
Vehicle Make:	HONDA
Vehicle Model:	ODYSSEY 2.4L AT
Primary Colour:	Blue
Manufacturing Year:	2009
Engine No.:	K24Z21301001
Chassis No.:	JHMRB38309C200995
Maximum Power Output:	132.0 kW (177 bhp)
Open Market Value:	$31,698.00
Original Registration Date:	21 Jun 2010
First Registration Date:	21 Jun 2010
Transfer Count:	0
Actual ARF Paid:	$31,698.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Jun 2020
PARF Rebate Amount:	$17,433.00
Intended COE Rebate Details	
COE Expiry Date:	20 Jun 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	$40,002.00
COE Rebate Amount:	$6,996.00
Total Rebate Amount:	**$24,429.00**

The information contained herein is correct as at 21 Sep 2018

OK