

INS CASE OWNER:

cc4 / AG 180 18555, K 203

LKK:

DDC:

Survivor:

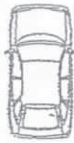
DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :S\$

Is driver the owner? (YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place 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

SJR 7976A



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SJR 7976A - X ; SKL 7429H - 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\$

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:

ASS. REC. BY:

REF:

A16/

Kenneth

ASSIGNMENT

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.Bal. or Market Value: 816k

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: STR 7976A Regn: 07, 0PType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Volkswagen Jetta c.c. 1.390Colour: M.D. Blue A/C: Insured / Std / NI / NASp. Reading: 12P286 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WVWZZZ81K894020754Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / R/Rim or

Tyre Size: 195R 205/55R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or 195R

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 10/10/18

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 17/10/18

Survey held at _____

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

015 R

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

18/10 File pass to Catherine

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

) \$ + RS. \$ _____

) Photos

) Others

TOTAL

Report Format :

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	0375M
Owner ID:	SJR7976A
Vehicle No.:	No
Vehicle to be Exported:	18 Oct 2018
Intended Deregistration Date:	VOLKSWAGEN
Vehicle Make:	JETTA 1.4 TSI AT 1K21G5
Vehicle Model:	Blue
Primary Colour:	2009
Manufacturing Year:	CAX214539
Engine No.:	WWWZZZ1KZ9U020754
Chassis No.:	90.0 kW (120 bhp)
Maximum Power Output:	\$20,121.00
Open Market Value:	14 Jul 2009
Original Registration Date:	14 Jul 2009
First Registration Date:	2
Transfer Count:	\$20,121.00
Actual ARF Paid:	Yes
Intended PARF Rebate Details	13 Jul 2019
PARF Eligibility:	\$10,060.00
PARF Eligibility Expiry Date:	13 Jul 2019
Intended COE Rebate Details	13 Jul 2019
PARF Rebate Amount:	A - Car (1600cc & below)
COE Expiry Date:	10
COE Category:	\$8,489.00
COE Period (Years):	\$623.00
QP Paid:	\$10,683.00
COE Rebate Amount:	
Total Rebate Amount:	

The information contained herein is correct as at 18 Oct 2018

OK