

INS. CASE OWNER:

CC 6, Ab 180 187m, Upa3

LKK:

IDAC:

Surveyor:

WAPRUS

DOI:

ASSIGNMENT

16/10/18

Date / Time :

16/10/18

Registered in Merimen:

16/10/18

Pre-assign / CCU / FTE

SKK 3543S



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A: 2/1/18

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

GBA 5090C



INSRS:

WSP:

Tel :

Liability :

RMKS:

Un br.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GBA 5090C - X ;

SKK 3543S, 03/10/18 01:00 / 18/10/18 01:00

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:

(08/11/13)

REF:

ASS. REC. BY:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: 6BA5090Cat Workshop m/s 110'S B70

of _____

Insured: SKK 35435

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: 28

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

3.17/2022

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 6BA5090C Yr Regn: 8 107

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

Truck / Trailer or (M)Make: Toyota c.c. 2802Colour: white A/C: Insured / Std / NI / NASp. Reading: 551971 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFH702P000005050Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195 215

R: _____

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

TOYO / YOKO or CST tires.Front 6 mm Rear 6 mmR/Bal. 6 mmL/Bal. 6 mmD.O.A. 21/2/18 D.O.I. 16/10/18

Survey held at _____

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

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

Date / Time Action / Instruction 27A12913

Date/Time, File Pass to?

1) _____
Date/Time, File Return to?

2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1196N
Vehicle Details	
Vehicle No.:	GBA5090C
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Oct 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE MANUAL
Primary Colour:	White
Manufacturing Year:	2007
Engine No.:	1KD1674469
Chassis No.:	JTFHT02P000005050
Maximum Power Output:	-
Open Market Value:	\$24,590.00
Original Registration Date:	14 Aug 2007
First Registration Date:	14 Aug 2007
Transfer Count:	1
Actual ARF Paid:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jul 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$17,035.00
COE Rebate Amount:	\$12,913.00
Total Rebate Amount:	\$12,913.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 16 Oct 2018

OK