

INS. CASE OWNER:

KC | CC 4, ASM 180 19870, K Pa³

LKK: 78899
LDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT
1.11.18

Date / Time:

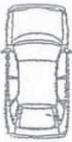
31-10-18

Registered in Merimen:

Pre-assign / CCU / FTE

SKC 1289 G

SAM 0118 Z



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A: 29.10.18

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. :

(VL: YES / NO)

Insured Liability : % Final ? Yes / No

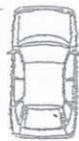
YN769 X

SKC 1289 G

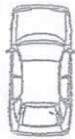
SLK 3214 E



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP: *Low Tan*
Tel :
Liability : *TP*
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLK3214E - X ; SKC 1289 G - 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:

REF: ASM(OXA)

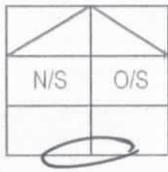
Surveyor

ASSIGNMENT

From: _____ Date: 01.11.2018
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLK 3214E
 at Workshop m/s Lim Tan
 of 176 Sin Ming Drive # 03-09
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SLK 3214E Yr Regn: 01 17
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hand A Vazel c.c. 1496
 Colour: M. D. Gray A/C: Insured / Std / NI / NA
 Sp. Reading: 20770 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: Ru 3 1223723
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 215/60R16
 R: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 874k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 05 days Res.: Yes or No
 Lum Sum: 1-B.1 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. 8 mm Rear R/Bal. 8 mm
 L/Bal. 8 mm L/Bal. 8 mm
 D.O.A. 29/10/18 D.O.I. 1/11/18
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>2/11</u>	<u>File pass to Catherine</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____

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: _____
) S + RS, SI
) Photos
) Others
)
 TOTAL _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7028I
Vehicle Details	
Vehicle No.:	SLK3214E
Vehicle to be Exported:	Yes
Intended Deregistration Date:	30 Oct 2018
Vehicle Make:	HONDA
Vehicle Model:	VEZEL HYBRID 1.5X SENSING
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	LEB5923736
Chassis No.:	RU31223725
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$25,136.00
Original Registration Date:	12 Jan 2017
First Registration Date:	12 Jan 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Jan 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	11 Jan 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,001.00
COE Rebate Amount:	\$42,400.00
Total Rebate Amount:	\$46,150.00

The information contained herein is correct as at 30 Oct 2018

OK