

P.P. CASE OWNER:

cc 4, Asm 180 20244, Uja3

LKK: 80154
IDAC:

Surveyst.

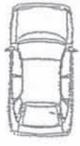
CLS

ASSIGNMENT
DOI: 8/11/18

Date / Time: 7-11-18

Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No.: SHF 768 S

Claim No.: S8M0120D

Name of Insured: Tlc sus pl

Policy No.:

Insured Tel No.:

Make / Model:

Excess Sec II :SS: 5,000.00

D.O.A.: 5.11.18

Place of Accident:

Is driver the owner? (YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

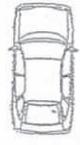
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

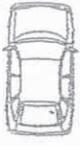
(V/L: YES / NO)

Insured Liability: % Final ? Yes / No

SH 3142 L



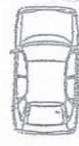
INSRS:
WSP: tan km
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
SH3142L - cc/pcr 18000243/Ugbn2 ; D.O.A: 2/11/18	Non-Reporting ltr (1st):	
-cc/pcr 16013330/Ugh3e2 ; D.O.A: 12/11/18	Non-Reporting ltr (2nd):	
SHF 768S, X	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: S\$ _____ (_____ days) Reduction: _____ %

FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email Call

Final Liability: % _____ (Agreed / Assessed) BOLA S/N No. : _____

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: _____

Surveyor

ASSIGNMENT

From: Date: 08.11.2018

Estimated Cost:

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

To Inspect Vehicle No: SH 3142L

at Workshop m/s Tan Lim

of 51 Deh Lane 9

Insured:

Policy No. SH 77685

Claims No.

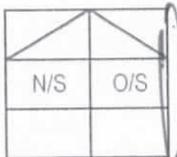
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: 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 LTA 34817

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SH 3142L Yr Regn: 1214

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

Truck / Trailer or CA /

Make: Hyundai Elantra C.C. 1591

Colour: Yellow / Blech A/C: Insured / Std / NI / NA

Sp. Reading: 524771 T/Radio: Insured / Std / NI / NA

Eng/No: C/No: KMHDH4ICMEU128979

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: R: 195/65R15

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

TOYO / YOKO or MAXXIS

Front R/Bal. 6 mm Rear R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 5/11/18 D.O.I. 8/11/18

Survey held at

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

O/S Rear

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

Table with 2 columns: Date/Time, Action / Instruction. Entry: 8/11/18 confirmed 4/5 @ 3150 with copier. TAXI NO MV

Date/Time, File Pass to?

Preli. Report, Final Report checkboxes

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

1)

Date/Time, File Return to?

2)

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

S + RS, SI

Photos

Others

Report Format :

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

TOTAL

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2705A
Vehicle Details	
Vehicle No.:	SH3142L
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Nov 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Primary Colour:	Black
Manufacturing Year:	2014
Engine No.:	G4FGEU255998
Chassis No.:	KMHDH41CMEU128979
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$10,867.00
Original Registration Date:	23 Dec 2014
First Registration Date:	23 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$10,867.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Dec 2022
PARF Rebate Amount:	\$8,150.00
Intended COE Rebate Details	
COE Expiry Date:	22 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,668.00
COE Rebate Amount:	\$26,667.00
Total Rebate Amount:	\$34,817.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 05 Nov 2018

OK