

INS. CASE OWNER:

cc6, AG 180

20356 K ha3

LKK:

TNA:

Surveyor:

K52

DOI:

ASSIGNMENT

12/11/18

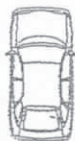
Date / Time:

9-11-18

Registered in Merimen:

9-11-18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLJ 4862H

Name of Insured:

Yu lei

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

9-11-18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

Aye 7 Changi

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

SME 3886K



INSRS:

WSP:

Tel:

Liability:

RMKS:

optima
waka

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SME3886K } NGA INC 180 20356/Y : DOA: 09/11/18
SLJ 4862H

17/11

RMP. sent out 1st letter

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:

ALH

ASSIGNMENT

From: Date: 12/12/2018

Estimated Cost:

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

To Inspect Vehicle No: SME 3886K

at Workshop m/s

of 9A Sarungon North Ave 5.

Insured:

Policy No.

Claims No.

Sum Insured:

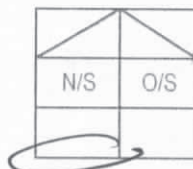
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: 1. B. / % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SME 3886K Yr Regn: 09 18

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

Truck / Trailer or

Make: Honda ^(A) C.C. 1496

Colour: M. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 10875 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GPS 3415787

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 185/60R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 9/11/18 D.O.I. 12/11/18

Survey held at

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

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

Date / Time Action / Instruction

13/11 For pass to Customer

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format :

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

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	0976C
Vehicle Details	
Vehicle No.:	SME3886K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	09 Nov 2018
Vehicle Make:	HONDA
Vehicle Model:	FIT 1.5 HYBRID AUTO
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	LEB6070470
Chassis No.:	GP53415787
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$17,493.00
Original Registration Date:	27 Sep 2018
First Registration Date:	27 Sep 2018
Transfer Count:	0
Actual ARF Paid:	\$7,493.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Sep 2028
PARF Rebate Amount:	\$5,619.00
Intended COE Rebate Details	
COE Expiry Date:	26 Sep 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$31,001.00
COE Rebate Amount:	\$24,800.00
Total Rebate Amount:	\$30,419.00

The information contained herein is correct as at 09 Nov 2018

OK