

INS. CASE OWNER:

CC 4, ALG 180 21410, Uea3

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

ASSIGNMENT

27/11/2018

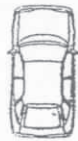
Date / Time :

27/11/18

Registered in Merimen:

27/11/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLX 4360R

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :SS D.O.A : 19-11-18

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

SLQ 6028 A



INSRS:

WSP:

Tel :

Liability :

RMKS:

Pre-use Auto



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLQ 6028 A, X ; SLX 4360R - 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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

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:

CS/AIG1802/410/Uvd3

Special Instruction:

Surveyor:
Menthen

ASSIGNMENT (Office)

From (Person):

Chin Lee Yung

of

AIG

Date/Time:

27/11/18 @ 9:35am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLQ 6028A

Insured:

SLX 4360R

at Workshop m/s

precise Auto

Tel:

67457367

of

1 kaki Bkt AveG #02-34

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

19/11/18

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

10:13am @ 27/11/18

Person Contacted:

Amine

Vehicle

IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

SLQ 6028A - X

SLX 4360R - X

(08/11/13) wef

REF:

ASS. REC. BY: MORCISASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLQ 6028Aat Workshop m/s PRC 22

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GA / 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

LTA 46752

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLQ 6028A Yr Regn: 7.17Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAIMake: Mercedes Shuttle H/C: 1496Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 30263 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP7115248Gen. 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: 185/60215

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 19/11/18 D.O.I. 27/11/18

Survey held at _____

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

24 N/S.

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

Date / Time Action / Instruction

amely 8ctm

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

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

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9768A
Vehicle Details	
Vehicle No.:	SLQ6028A
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Nov 2018
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE HYBRID 1.5 A
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	LEB6318595
Chassis No.:	GP71115248
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$20,902.00
Original Registration Date:	17 Jul 2017
First Registration Date:	17 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Jul 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	16 Jul 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,802.00
COE Rebate Amount:	\$43,002.00
Total Rebate Amount:	\$46,752.00

The information contained herein is correct as at 27 Nov 2018

OK