INS. CASE OWNER: CC 4, 111 180 xt62, K fa3 | LKK:
   | IDAC:

ASSIGNMENT

Surveyor: _KSL_   DOI: _2/12/2018_   Date / Time : _30/11/2018_
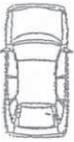
Registered in Merimen: _3/12/18_

Pre-assign / CCU / FTE   SHB 4014D

Insured Vehicle No.   : _____   Claim No.   : _____

Name of Insured   : _____   Policy No.   : _____

Insured Tel No.   : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : _30/11/2018_   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

SDA 6020A

INSRS:	INSRS:	INSRS:	INSRS:	
WSP: Aney Hoe	WSP:	WSP:	WSP:	
Tel :	Tel :	Tel :	Tel :	
Liability : Gl. fe	Liability :	Liability :	Liability :	
RMKS:	RMKS:	RMKS:	RMKS:	

Date/ Time		STAGE	DATE / PIC
	SDA 6020A - X :	Non-Reporting ltr (1st):	
	SHB 4014D - CU4/1111601 4030/ 4p9382; DOA 22/7/16	Non-Reporting ltr (2nd):	
	- CC 4/11118 002325/ 71pa3q2,000; 11/18	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
	4/12 - Case cancelled in Merimen NO survey done	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$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost:	S$	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: TI/ 1

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s   Chng Hoe

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.

Bal. or Market Value: $ 13k

IDAC Accident Rport: _____ 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

Date: 0'20   Person Contacted: _____   Vehicle: IN / OUT

N/S	O/S

Veh No: SOA 6020A   Yr Regn: 03, 90

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

Make: Bmw 520 (A)   c.c 1991

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

Sp.Reading 134556   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBADM 22090BR 57551

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : NII / S/RIm / STD A/RIm or _____

Tyre Size: F: 225/55R16

       R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A. 30/11/18		D.O.I. 3/12/18	

Survey held at _____

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

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

Date / Time	Action / Instruction
4/12	File pass to Catherine, eH not ready
	Rpair coH not more than $11k.

Date/Time, File Pass to?

☐ : Prell. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format :

Lump Sum / I.B.I: ($

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

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:	1280I
Vehicle Details	
Vehicle No.:	SDA6020A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	30 Nov 2018
Vehicle Make:	B.M.W.
Vehicle Model:	520IA
Primary Colour:	Silver
Manufacturing Year:	2000
Engine No.:	37632167206S4
Chassis No.:	WBADM22090BR57551
Maximum Power Output:	-
Open Market Value:	$44,509.00
Original Registration Date:	01 Mar 2000
First Registration Date:	01 Mar 2000
Transfer Count:	2
Actual ARF Paid:	$62,313.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jan 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	$18,484.00
COE Rebate Amount:	$2,216.00
Total Rebate Amount:	**$2,216.00**

The information contained herein is correct as at 30 Nov 2018

OK