

INS. CASE OWNER:

CC 614PC 180 22372, Kpa3

LKK:

IDAC:

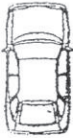
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : Gu 9978

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :SS _____ D.O.A : 2/12/2018

Is driver the owner? (YES / NO) Nature of Accident : _____

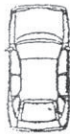
If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

G6E56245

INSRS:

WSP: Chay Ase.

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
<u>G6E56245 X; Gu9978 X</u>	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: _____

ASS. REC. BY:

REF: 1PC /Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoe

of _____

Insured: _____

Policy No. _____

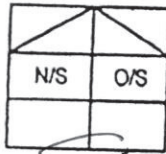
Claims No. _____

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 1-B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GB E5624S Yr Regn: 01, 16

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

Truck / Trailer or _____

Make: Peugeot Partner c.c. 1560Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 69250 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF 37F 94F 81F J 838124

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 2 mm R/Bal. 3 mmL/Bal. 2 mm L/Bal. 3 mmD.O.A. 7/12/18 D.O.I. 10/12/18

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

12/12 File pass to Catherine

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____

S + R.S. \$

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:	Company
Owner ID:	1970R
Vehicle Details	
Vehicle No.:	GBE5624S
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Dec 2018
Vehicle Make:	PEUGEOT
Vehicle Model:	PARTNER 1.6 HDI ETG LWB
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	10JBFR0023267
Chassis No.:	VF37F9HF8FJ838124
Maximum Power Output:	-
Open Market Value:	\$18,134.00
Original Registration Date:	20 Jan 2016
First Registration Date:	20 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$907.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	19 Jan 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$43,809.00
COE Rebate Amount:	\$31,137.00
Total Rebate Amount:	\$31,137.00

The information contained herein is correct as at 10 Dec 2018

OK