

INS. CASE OWNER:

Stacy Ng | CC 4, ASM 18023129, Uea3

LKK: 89955  
IDAC: 89955

WAPMS

**ASSIGNMENT**

26/12/18

Surveyor:

DOI:

26/12/18

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE

X08621 A



Insured Vehicle No. : \_\_\_\_\_

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : SS \_\_\_\_\_ D.O.A : 16/11/18

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. : \_\_\_\_\_ (VL: YES / NO)

Insured Liability : % Final ? Yes / No

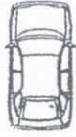
686 7180



INSRS: WSP: Linbo  
Tel :  
Liability :  
RMKS:



INSRS: WSP:  
Tel :  
Liability :  
RMKS:



INSRS: WSP:  
Tel :  
Liability :  
RMKS:



INSRS: WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
686 7180 - X	Non-Reporting ltr (1st):	
X08621 A - CS (AWA) 18023129 / Uea3 : 08. 11/18	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ ( _____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ _____		
Medical: S\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent)		
Legal Cost S\$ _____		
<b>Total:</b> S\$ _____ <b>Global Sum S\$:</b> _____		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		

30/11/13) wef  
 ASS. REC. BY: Morcas

REF: AAA / Unib.

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD  TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: 93E7128U  
 at Workshop m/s: 1. u's.  
 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: 48k  
 IDAC Accident Rpt: \_\_\_\_\_ 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: \_\_\_\_\_ Person Contacted: MA 3272  
 Vehicle: IN / OUT

Veh No: 6BE7128U Yr Regn: 3, 16  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer of CA  
 Make: mit center c.c. 2998  
 Colour: white / blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 20845 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: FEA01BA 2005-1  
 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: 195-12 15  
 BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front R/Bal. 6 mm Rear R/Bal. 6/6 mm  
 L/Bal. 6 mm L/Bal. 6/6 mm  
 D.O.A. 16/11/18 D.O.I. 26/12/18  
 Survey held at \_\_\_\_\_  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
Fit  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>7 yrs. 3 mths.</u>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_

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

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: 1196N

**Vehicle Details**

Vehicle No.: GBE7128U  
 Vehicle to be Exported: No  
 Intended Deregistration Date: 24 Dec 2018  
 Vehicle Make: MITSUBISHI  
 Vehicle Model: CANTER FEA01BR1SDEB (CBU)  
 Primary Colour: White  
 Manufacturing Year: 2015  
 Engine No.: 4P10B94230  
 Chassis No.: FEA01BA20051  
 Maximum Power Output: -  
 Open Market Value: \$26,229.00  
 Original Registration Date: 09 Mar 2016  
 First Registration Date: 09 Mar 2016  
 Transfer Count: 1  
 Actual ARF Paid: \$1,312.00

**Intended PARF Rebate Details**

PARF Eligibility: No  
 PARF Eligibility Expiry Date: -  
 PARF Rebate Amount: \$0.00

**Intended COE Rebate Details**

COE Expiry Date: 08 Mar 2026  
 COE Category: C - Goods Vehicle & Bus  
 COE Period(Years): 10  
 PQP Paid: \$4,545.00  
 COE Rebate Amount: \$3,272.00  
**Total Rebate Amount: \$3,272.00**

The information contained herein is correct as at 24 Dec 2018

OK