

INS. CASE OWNER:

CC 4, M1, 9000148, Uja3

LKK:

IDAC:

Surveyor:

Makani

DOI:

3/1/18

Date / Time:

21.1.19

Registered in Merimen:

21.1.19

Pre-assign / CCU / FTE

566 86887



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A : 30/1/18

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. :

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SP572M



INSRS:

WSP:

Tel :

Liability :

RMKS:

M10 60



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SP572M-X; 566 86887-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:

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:

Summary report

# ASSIGNMENT

From: Date: 03/01/2019

Estimated Cost:

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

To Inspect Vehicle No: SJP 572M

at Workshop m/s Rico 60

of S Kaki Bukit Ave 4 #00-24

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Call Kelvin before reach wksp.

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \$256.

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

9486

Vehicle: IN / OUT

Date: Person Contacted: 9/3/2019

Date / Time Action / Instruction 31/1/2024  
Smith plus. repair cost 15668

Veh No: SJP 572M Yr Regn: 10/3/09

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

Truck / Trailer or Car

Make: SKODA SUPERB ELEGANCE 1798

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 25-1092 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: TM33393T499019501

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: 225/40 R18

R:

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

TOYO / YOKO or

Front 6 mm Rear 6 mm

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 30/1/18 D.O.I. 3/1/19

Survey held at

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

Rear

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

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:

Add Fee: ☐ : Site Insp (\$)

☐ : S + RS. SI

☐ : Interview (\$)

☐ : Photos

☐ : Tech. Invs (\$)

☐ : Others

☐ : Weekend (\$)

TOTAL

Report Format :

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

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	9486E
<b>Vehicle Details</b>	
Vehicle No.:	SJP572M
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Mar 2019
Vehicle Make:	SKODA
Vehicle Model:	SUPERB ELEGANCE 1.8 AUTO
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	CDA010711
Chassis No.:	TMBBB93T499019561
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$31,154.00
Original Registration Date:	10 Mar 2009
First Registration Date:	10 Mar 2009
Transfer Count:	0
Actual ARF Paid:	\$31,154.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Mar 2019
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	31 Jan 2024
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$15,668.00
COE Rebate Amount:	\$15,322.00
<b>Total Rebate Amount:</b>	<b>\$15,322.00</b>
<b>Message</b>	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 09 Jan 2019

OK