

INS. CASE OWNER:

CC 4, FBI 1900 8194, Kfa3

LKK:
IDAC:

Surveyor:

Ksc

DOI:

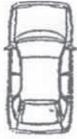
3119

Date / Time :

21/2019
21/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : *SJA 7465M*

Claim No. : _____

Gx

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : *29/12/2018*

Place of Accident : _____

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

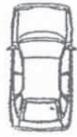
If NO, Driver Name / Age :

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJN 1030P



INSRS:
WSP: *Wm Tan*
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<i>SJN 1030P - X ; SJA 7465M - X</i>	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT 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)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$ _____	2) Report Format:	
	3) Survey fee:	
Total: S\$ _____ Global Sum S\$: _____		
FINAL PAYMENT 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: _____		

Surveyor

REF: EQ1

ASSIGNMENT

From: Date: 03012019

Estimated Cost:

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

To Inspect Vehicle No: SJN 1030P
at Workshop m/s Lim Tun
of 176 Sin Ming Drive #03-09

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

after 1:30pm

(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: 06 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SJN1030P Yr Regn: 08 17

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

Truck / Trailer or

Make: Toy Esquire c.c. 1986

Colour: M.P. white A/C: Insured / Std / NI / NA

Sp. Reading: 18876 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZRR 80 0234592

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: 195/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

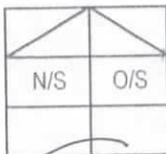
D.O.A. 29/12/18

D.O.I. 3/1/19

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

4/1 File pass to Customer

Date/Time, File Pass to?

: Preli. Report

Days Of Repair:

1) Date/Time, File Return to?

: Final Report

Resurvey No. of Trip:

2) Date/Time, File Return to?

Add Fee: : Site Insp (\$)

Survey Fee:

Transportation:

Report Format :

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

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

) \$ + RS. SI

) Photos

) Others

TOTAL

Empty box for calculations and totals.

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8364B
Vehicle Details	
Vehicle No.:	SJN1030P
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2018
Vehicle Make:	TOYOTA
Vehicle Model:	ESQUIRE 2.0XI A
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	3ZRB861277
Chassis No.:	ZRR800234592
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$29,560.00
Original Registration Date:	18 Aug 2017
First Registration Date:	18 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$33,384.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Aug 2027
PARF Rebate Amount:	\$25,038.00
Intended COE Rebate Details	
COE Expiry Date:	17 Aug 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,711.00
COE Rebate Amount:	\$46,347.00
Total Rebate Amount:	\$71,385.00

The information contained herein is correct as at 31 Dec 2018

OK