15/5/2010

INS. CASE OWNER: Ng Stacey | CC 4, Asm 1900 0804, Upa3 | LKK: IDAC: 93112

ASSIGNMENT

Surveyor: Marcus DOI: 14/1/19 Date / Time : 14/1/19

Registered in Merimen: -

Pre-assign / CCU / FTE

Insured Vehicle No. : GBE8519T		Claim No. :	S8M01AB2
Name of Insured : WINDES INTERIOR P/L		Policy No. :	GX
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 8/1/19	Place of Accident :	PIE
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

GBH509J → GBE8519T → SJV2984M → SLW3877D

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: Quantie	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability : OI	Liability : TP	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	GBE 8519 T, X
	SJV2984M - CS3IEQ11900771 / B cd3 ; DOA: 8/1/19

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$		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:	

(08/11/13) wef

ASS. REC. BY: Marcus

REF: AYA/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SJV 2984M

at Workshop m/s Quen Rd

of _____

Insured: GE KIAT

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: _____

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 LJA 7906 Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJV 2984M Yr Regn: 2011

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

Make: Proton persona c.c 1597

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

Sp.Reading 143735 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: PLICM6SRRAG230596

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/55R15

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	8/1/19	D.O.I.	14/1/19

Survey held at _____

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

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

Date / Time	Action / Instruction
	1 yrs.

Date/Time, File Pass to? 1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Invs ($ _____) ☐ : Weekend ($ _____)

Report Format : _____

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

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:	Company
Owner ID:	5161E
Vehicle Details	
Vehicle No.:	SJV2984M
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Jan 2019
Vehicle Make:	PROTON
Vehicle Model:	PERSONA 1.6L (AT) H-LINE ABS AIRBAG
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	S4PHPY4088
Chassis No.:	PL1CM6SRRAG230596
Maximum Power Output:	82.0 kW (109 bhp)
Open Market Value:	$10,975.00
Original Registration Date:	20 Jan 2010
First Registration Date:	20 Jan 2010
Transfer Count:	4
Actual ARF Paid:	$10,975.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Jan 2020
PARF Rebate Amount:	$6,036.00
Intended COE Rebate Details	
COE Expiry Date:	19 Jan 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	$18,502.00
COE Rebate Amount:	$1,870.00
Total Rebate Amount:	**$7,906.00**

The information contained herein is correct as at 14 Jan 2019

OK