

INS. CASE OWNER:

Wang Peter | CC 4, Asm 1900 1482, R pa3

LKK: 94767  
IDAC:

Surveyor:

Rasmu

DOI:

ASSIGNMENT

21/1/19

Date / Time :

21/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLO 3173 B

Name of Insured :

MD. SOFIAN B. MD. SUHPI

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

19-01-19

Is driver the owner?

( YES / NO )

Nature of Accident :

Claim No. :

S9m2136K

Policy No. :

Make / Model :

Place 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

SLF 29842



INSRS:

WSP:

Tel :

Liability :

RMKS:

Vermogen



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLF 29842 - CS / CT 1800 1631 / Tnd 312: 10/1/19  
SLO 3173B - 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\$

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:

Surveyor

*Farne*

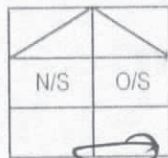
REF:

# ASSIGNMENT

From \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: SLF 29842  
 at Workshop m/s Vermoken  
 of 6, Honor Seum  
 Insured: ATA/MP  
 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: 67K  
 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 MP

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLF 29842 Yr Regn: 2016 / AUG  
 Type: M. Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: TOYOTA SIENNA 1.5X A C.C. 1496  
 Colour: GRY A/C: Insured / Std / NI / NA  
 Sp. Reading: 188480 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: NSP1707040464  
 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: 185/60R15  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or ACHILLES  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 11/01/19 D.O.I. 22/01/19  
 Survey held at Vermoken  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
REAR O/S  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

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

) S + RS SI

) Photos

) Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

☐ : Weekend (\$

Report Format :

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

TOTAL

## Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SLF2984Z		
Vehicle Type :	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	TOYOTA		
Vehicle Model :	SIENTA 1.5X A		
Chassis No. :	NSP1707040464		
Propellant :	Petrol		
Engine No. :	2NR8640227		
Engine Capacity :	1496 cc		
Maximum Power Output :	80.0 kW ( 107 bhp)		
Maximum Laden Weight :	1705 kg		
Unladen Weight :	1320 kg		
Year Of Manufacture :	2016		
Original Registration Date :	22 Aug 2016		
Lifespan Expiry Date :	-		
COE Category :	A - Car up to 1600cc & 97kW (130bhp)		
Quota Premium :	\$53,000.00		
COE Expiry Date :	21 Aug 2026		
Road Tax Expiry Date :	21 Feb 2019		
PARF Eligibility Expiry Date :	21 Aug 2026		
Inspection Due Date :	21 Aug 2019		
Intended Transfer Date :	12 Dec 2019		
CO2 Emission :	119.00 (g/km)		
CEV/VES Rebate Utilised Amount :	\$10,000.00		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable (From 22 Feb 2019 to 21 Aug 2019)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	341.00	-	341.00
Total Amount Payable :			366.00
Amount Payable (From 22 Feb 2019 to 21 Feb 2020)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	682.00	-	682.00
Total Amount Payable :			707.00

You may print this page for reference.

OK

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