

INS. CASE OWNER:

CC 6 / AG 1900 1562 , Apr 3

LKK:
IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature 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
---	------------------

SLV 3174 D



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time				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:		☐	☐
PRELIMINARY ADVICE		Date/Time:		Sent By:		Post-Repair Photos:	
						☐ ☐	
						Others: ☐ ☐	
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:			

ASS. REC. BY:

REF:

Adrian

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

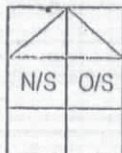
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

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: _____ Vehicle: IN / OUT

Person Contacted: _____

Veh No: SLV 3174D Yr Regn: 2017, Dec.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Kia Carens C.C. 1685Colour: Red A/C: Insured / Std / NI / NASp. Reading 96076 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAH481SVJ7195581Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45R17R: 225/45R17

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

TOYO / YOKO or Fireenza

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 22/01/19Survey held at Xin HuaDes. 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

TP ALG.MV:PV:Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report:

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

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:	5055D
Vehicle Details	
Vehicle No.:	SLV3174D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	19 Jan 2019
Vehicle Make:	KIA
Vehicle Model:	CARENS 1.7 DCT DIESEL 5DR FWD
Primary Colour:	Red
Manufacturing Year:	2017
Engine No.:	D4FDHH547292
Chassis No.:	KNAHU815VJ7195581
Maximum Power Output:	104.0 kW (139 bhp)
Open Market Value:	\$22,129.00
Original Registration Date:	28 Dec 2017
First Registration Date:	28 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$17,981.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Dec 2027
PARF Rebate Amount:	\$13,485.00
Intended COE Rebate Details	
COE Expiry Date:	27 Dec 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,002.00
COE Rebate Amount:	\$37,601.00
Total Rebate Amount:	\$51,086.00

The information contained herein is correct as at 19 Jan 2019

OK