

INS. CASE OWNER:

CC 6, Alh 1900 1645, Aja3

LKK:

IDAC:

Surveyor:

UMP

DOI:

ASSIGNMENT

23/01/19

Date / Time:

23/01/19

Registered in Merimen:

25/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SJW 1877R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 16/01/19

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

SKZ 4562B



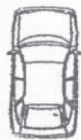
INSRS:

WSP:

Tel :

Liability :

RMKS:

chew
major

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SKZ 4562B, X ; SJW 1877R, 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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

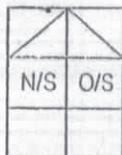
Excess:

(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:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKZ4562B

Yr Regn:

2016 / Jan.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Kia Forte K3

C.C

1591

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

66870

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNAF2411MFSS34276

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:

215/45R17

R:

215/45R17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

23/01/19

Survey held at

Chew Malar

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

TP ALGMV:PV:Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC

Owner ID: 1827B

Vehicle Details

Vehicle No.: SKZ4562B

Vehicle to be Exported: Yes

Intended Deregistration Date: 16 Jan 2019

Vehicle Make: KIA

Vehicle Model: FORTE K3 1.6A SX

Primary Colour: White

Manufacturing Year: 2015

Engine No.: G4FGFH799605

Chassis No.: KNAFZ411MF5534276

Maximum Power Output: 95.3 kW (127 bhp)

Open Market Value: \$17,047.00

Original Registration Date: 25 Jan 2016

First Registration Date: 25 Jan 2016

Transfer Count: 1

Actual ARF Paid: \$17,047.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 24 Jan 2026

PARF Rebate Amount: \$12,785.00

Intended COE Rebate Details

COE Expiry Date: 24 Jan 2026

COE Category: A - Car up to 1600cc & 97kW
(130bhp)

COE Period(Years): 10

QP Paid: \$45,002.00

COE Rebate Amount: \$31,598.00

Total Rebate Amount: \$44,383.00

The information contained herein is correct as at 16 Jan 2019

OK