

INS. CASE OWNER:

CC 4521 1900 1896, Uja3

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 :S\$

Is driver the owner?

If NO, Driver Name / Age:

Driver Tel No.:

HP:

D.O.A:

Nature of Accident:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability:

%

Final ? Yes / No



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:

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:

S\$

(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\$

(e.g. Tow/ Independent)

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:

10/1/19

Surveyor: Marcus

REF: EQ1

ASSIGNMENT

From:

Date: 26/3/19

Estimated Cost:

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To Inspect Vehicle No:

GBH 4592R

at Workshop m/s

Z-One Automotive

of 1 Kakai Blk Ave 6 #01-52

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

1

days

Res.: Yes or No

Lum Sum:

1.31

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

1 up

1997M

Vehicle: IN / OUT

Date:

Person Contacted:

L7A 27549

Veh No:

GBH 4592R

Yr Regn:

6.18

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

Truck / Trailer or (M)

Make:

Zayto hiace

C.C.

2982

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

26733

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTFHT029100243053

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 R15

R:

EST 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.

2/1/19

D.O.I.

26/3/19

Survey held at

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

9/5 mirror

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

Date / Time

Action / Instruction

26/3/19 Confirmed final for \$768.70 with yikong

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	1997M
Vehicle Details	
Vehicle No.:	GBH4592R
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Mar 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 5DR MT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	1KD2806098
Chassis No.:	JTFHT02P100243053
Maximum Power Output:	-
Open Market Value:	\$28,138.00
Original Registration Date:	13 Jun 2018
First Registration Date:	13 Jun 2018
Transfer Count:	0
Actual ARF Paid:	\$1,407.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	12 Jun 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$29,901.00
COE Rebate Amount:	\$27,549.00
Total Rebate Amount:	\$27,549.00

The information contained herein is correct as at 26 Mar 2019

OK