

INS. CASE OWNER

CC 6, LCR, 9007134, Upa's

LKK:

IDAC:

Surveyor:

MAYNUS

DOI:

ASSIGNMENT

11/2/19

Date / Time:

11/2/19

Registered in Merimen:

11/2/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SLB 4230 Z

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :SS D.O.A: 30/1/19

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

SLT800K



INSRS:

WSP:

Tel :

Liability :

RMKS:

2m 1m
11986

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLT800K-X

SLB 4230 Z - CUB / LCR 17005860 / Maly 2 - 2019

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\$

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:

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLTBOOK

at Workshop m/s Tan Lian

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: _____

DAC 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: SLTBOOK Yr Regn: 9, 17

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

Truck / Trailer or (A)

Make: BMW 530i C.C. 1998

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

Sp. Reading: 13566 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W1BAJA520x06 885470

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: 245/45-R

R: _____

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

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 30/1/19

Survey held at _____

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.I. 1/2/19

Des. 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

214 89279

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

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:	Company
Owner ID:	5198G
Vehicle Details	
Vehicle No.:	SLT800K
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Feb 2019
Vehicle Make:	B.M.W.
Vehicle Model:	530I SE
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	10539915B48B20B
Chassis No.:	WBAJA520X0G885470
Maximum Power Output:	185.0 kW (248 bhp)
Open Market Value:	\$53,103.00
Original Registration Date:	22 Sep 2017
First Registration Date:	22 Sep 2017
Transfer Count:	0
Actual ARF Paid:	\$62,586.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Sep 2027
PARF Rebate Amount:	\$46,939.00
Intended COE Rebate Details	
COE Expiry Date:	21 Sep 2027
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$49,012.00
COE Rebate Amount:	\$42,340.00
Total Rebate Amount:	\$89,279.00

The information contained herein is correct as at 01 Feb 2019

OK