

INS. CASE OWNER:

cc 4, MA 19002415, K f03

LKK:

IDAC:

Surveyor:

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

Is driver the owner?

( YES / NO )

Nature of Accident:

Claim No.:

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

SJN 1030P



INSRS:

WSP:

Tel:

Liability:

RMKS:

Lim Tan.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SJN 1030P - call call 1900194/Kf03 : 29/1/18  
SML 2437R - 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:

REF: **EQI**

## ASSIGNMENT

From

Date: **13/02/2019**

Veh No

**SJN1030P**

Yr Regn:

**08 17**

Estimated Cost

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

To Inspect Vehicle No:

**SJN 1030P**

at Workshop m/s

**Am Tan Motor**of **BLK 176, Sin Ming Drive #03-09**

Insured

Policy No.

Claims No.

Sum Insured:

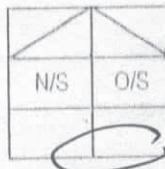
Excess:

(Client's Record)

Make of Veh:

**After 10-30am**

(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: **1-B.1** % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS **up**

Vehicle: IN / OUT

Date: Person Contacted:

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

Truck / Trailer or

Make:

**Toy Esquire**

C.C.

**1986**

Colour:

**M-P. White**

A/C: Insured / Std / NI / NA

Sp. Reading

**20272**

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

**ZRR80 0234592**Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F:

**195/65R15**

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. **4** mmR/Bal. **8** mmL/Bal. **4** mmL/Bal. **8** mmD.O.A. **31/1/19**D.O.I. **13/2/19**

Survey held at

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

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

) \$ + RS \$

) Photos

) Others

) TOTAL

Report Format :

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

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech Invs (\$☐ Weekend (\$

TOTAL

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	8364B
<b>Vehicle Details</b>	
Vehicle No.:	SJN1030P
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Feb 2019
Vehicle Make:	TOYOTA
Vehicle Model:	ESQUIRE 2.0XI A
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	3ZRB861277
Chassis No.:	ZRR800234592
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$29,560.00
Original Registration Date:	18 Aug 2017
First Registration Date:	18 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$33,384.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Aug 2027
PARF Rebate Amount:	\$25,038.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	17 Aug 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,711.00
COE Rebate Amount:	\$45,870.00
<b>Total Rebate Amount:</b>	<b>\$70,908.00</b>

The information contained herein is correct as at 02 Feb 2019

OK