

INS. CASE OWNER:

CC 4, MG, 900 2SS, Gja3

LKK:

IDAC:

Surveyor:

KWA

DOI:

ASSIGNMENT

19/12/19

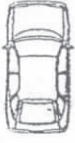
Date / Time :

12/1/19

Registered in Merimen:

12/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SJW 5641C

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS D.O.A : 12/1/19

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

G8J 212 X

INSRS:
WSP:
Tel :
Liability :
RMKS:my car
confirm / handINSRS:
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: % (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:

B 6317X

TOTAL



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	6317X
Vehicle Details	
Vehicle No.:	GBJ2112X
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Feb 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 4DR AT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	1KD2834444
Chassis No.:	JTFHT02P800246886
Maximum Power Output:	-
Open Market Value:	\$29,255.00
Original Registration Date:	29 Jan 2019
First Registration Date:	29 Jan 2019
Transfer Count:	1
Actual ARF Paid:	\$1,463.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Jan 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$25,926.00
COE Rebate Amount:	\$25,765.00
Total Rebate Amount:	\$25,765.00

The information contained herein is correct as at 20 Feb 2019

OK