

INS. CASE OWNER:

CC 4, III 1900 2707, Kha³

LKK:

IDAC:

Surveyor:

K82

DOI:

ASSIGNMENT

28/1/19

Date / Time:

13/2/19

Registered in Merimen:

13/1/19

Pre-assign / CCU / FTE

SHA 6193 L



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : S\$

D.O.A: 9/1/19

Place of Accident : _____

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

SLX 41467



INSRS:

WSP:

Tel :

Liability :

RMKS:

chengyaoe



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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$	(days) Reduction: %
		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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 <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[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:
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: TU /Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hwaof Bank

Insured: _____

Policy No. _____

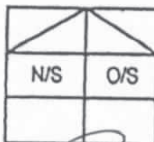
Claims No. _____

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: 2-3 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SIX 41487 Yr Regn: 03, 18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: Hyundai Elantra c.c. 1591Colour: M. Gray A/C: Insured / Std / NI / NASp. Reading: 13468 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD 841CMJU 647375Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: F: 195/65R15

R: _____

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

Front

Rear

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 9/2/11 D.O.I. 28/2/19

Survey held at _____

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

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

Date / Time

Action / Instruction

1 File pass to

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$)

) S + RS. \$

☐ : Interview (\$)

) Photos

☐ : Tech. Invs (\$)

) Others

☐ : Weekend (\$)

TOTAL

Report Format :

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9965J
Vehicle Details	
Vehicle No.:	SLX4146T
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Feb 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT (AMS)
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	G4FGJU151769
Chassis No.:	KMHD841CMJU647375
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$11,641.00
Original Registration Date:	27 Mar 2018
First Registration Date:	27 Mar 2018
Transfer Count:	0
Actual ARF Paid:	\$11,641.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Mar 2028
PARF Rebate Amount:	\$8,730.00
Intended COE Rebate Details	
COE Expiry Date:	26 Mar 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,830.00
COE Rebate Amount:	\$35,427.00
Total Rebate Amount:	\$44,157.00

The information contained herein is correct as at 11 Feb 2019

OK