15/5/2010

INS. CASE OWNER: CC 4, AIG 1900 2741, G pa3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Steve DOI: ~~28/7/19~~ Date / Time : 14/2/19

Registered in Merimen: 14/2/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SLP 9429L Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 31/1/19 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**

SLD 8664K → SLP 9429L → PC 4346 →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: Aswad auto	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability : 01	Liability : TP	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	PC 4346 - X ; SLP 9429L - 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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		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:	

From: Steve | REF: AIG

ASSIGNMENT

Date: 25/2/2019

Estimated Cost:

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

To Inspect Vehicle No: PC 434B

at Workshop m/s: Accord Auto

of: BIK 1009, Bkt Merah Lane 3 #01-80

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh: 10:30am @ owner waiting

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
XX	

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: PC 434B 1st Regn: 11/05/11

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

Make: Toyota Hiace c.c: 2982

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

Sp.Reading: 521700 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFST22P 2000 10560

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: ~~215~~ 225/55R17

R: 11

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	31/1/19	D.O.I.	25/2/19

Survey held at: Accord Auto

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

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

Date / Time	Action / Instruction

Date/Time: File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time: File Return to? 2)

Report Format:

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp ($) ☐ Interview ($) ☐ Tech Insp ($) ☐ Weekend ($)

Survey Fee:

Transportation: (S + RS SI)

Photos

Other

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1819W
Vehicle Details	
Vehicle No.:	PC434B
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Feb 2019
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA HIACE HIROOF AUTO 14 SEATER
Primary Colour:	Silver
Manufacturing Year:	2011
Engine No.:	1KD2094104
Chassis No.:	JTFST22P200010560
Maximum Power Output:	-
Open Market Value:	$37,122.00
Original Registration Date:	11 May 2011
First Registration Date:	11 May 2011
Transfer Count:	2
Actual ARF Paid:	$1,857.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	10 May 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$30,001.00
COE Rebate Amount:	$6,622.00
Total Rebate Amount:	**$6,622.00**

The information contained herein is correct as at 25 Feb 2019

OK