

INS. CASE OWNER:

CC 4, ALA 1900 2985, A pa3

LKK:

IDAC:

Surveyor:

Wp

DOI:

ASSIGNMENT

19/1/19

Date / Time :

18/1/19
18/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLL 5849E

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 9/1/19

Make / Model :

Excess Sec II :SS D.O.A :

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

SLL 11642



INSRS:

WSP:

Tel :

Liability :

RMKS:

B W
wolsphy

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLL 11642 - X; SLL 5849E - 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:

ASS. REC. BY:

REF:

Adrian

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

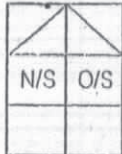
Claims No. _____

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: _____

IDAC 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: _____ Vehicle: IN / OUT

Person Contacted: _____

Veh No: SLL1164Z Yr Regn: 2017 / Feb.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Siesta c.c. 1496Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 22294 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NHP1707069274Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/60 R15R: 185/60 R15

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 19/02/19Survey held at BW

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

Rear o/s

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

Date / Time Action / Instruction

TPAIGMV:PV:Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

Survey Fee:

Date:

1)

2)

IN

OUT

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

Prel. Report:

Final Report:

[➤ Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SLL1164Z		
Vehicle Type :	P10 - Passenger Motor Car		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	TOYOTA		
Vehicle Model :	SIENTA HYBRID 1.5G AUTO		
Chassis No. :	NHP1707069274		
Propellant :	Petrol-Electric		
Engine No. :	1NZR464331		
Motor No. :	H16A05050		
Engine Capacity :	1496 cc		
Power Rating :	45.0 kW		
Maximum Power Output :	73.0 kW (97 bhp)		
Maximum Laden Weight :	1765 kg		
Unladen Weight :	1380 kg		
Year Of Manufacture :	2016		
Original Registration Date :	14 Feb 2017		
Lifespan Expiry Date :	-		
COE Category :	A - Car up to 1600cc & 97kW (130bhp)		
Quota Premium :	\$50,889.00		
COE Expiry Date :	13 Feb 2027		
Road Tax Expiry Date :	13 Aug 2019		
PARF Eligibility Expiry Date :	13 Feb 2027		
Inspection Due Date :	13 Feb 2020		
Intended Transfer Date :	15 Feb 2019		
CO2 Emission :	92.00 (g/km)		
CEV/VES Rebate Utilised Amount :	\$26,392.00		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.