

INS. CASE OWNER:

CC 4, 111 1900 3248, Ufa3

LKK:

IDAC:

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

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 :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

WC 650y



INSRS:

WSP:

Tel :

Liability :

RMKS:

Pours Amb-



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

WC 650y, 23/11/14 401606 / 11/2/15 7:00A: 27/11/14
 PC 4032B - 24/11/15 20788 / 60352 ; 60A: 8/1/15
 - NDA/1/15 1301/15 ; 60A: 9/1/15

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:

(08/11/13) wef

ASS. REC. BY: *marcus*

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *WC65604*at Workshop m/s *Focus*

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: *4* 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: *WC65604* Yr Regn: *12 13*

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

*Truck / Trailer or (M)*Make: *Isuzu* c.c. *15681*Colour: *white / blue* A/C: Insured / Std / NI / NASp. Reading: *213220* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *JALCYH52SD7000447*

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: *295/BR22.5*

R: _____

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

TOYO / YOKO or *Linglong*

Front

Rear

R/Bal. *5/5* mm R/Bal. *5/5 5/5* mmL/Bal. *5/5* mm L/Bal. *5/5 5/5* mmD.O.A. *11/2/19* D.O.I. *26/2/19*

Survey held at _____

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

N/S R.

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: _____

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS, SI☐ : 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:	Company
Owner ID:	7296W
Vehicle Details	
Vehicle No.:	WC6560Y
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Feb 2019
Vehicle Make:	ISUZU
Vehicle Model:	CYH52S
Primary Colour:	Blue
Manufacturing Year:	2013
Engine No.:	6WG1419891
Chassis No.:	JALCYH52SD7000447
Maximum Power Output:	-
Open Market Value:	\$119,123.00
Original Registration Date:	02 Dec 2013
First Registration Date:	02 Dec 2013
Transfer Count:	2
Actual ARF Paid:	\$5,957.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	01 Dec 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$76,310.00
COE Rebate Amount:	\$36,628.00
Total Rebate Amount:	\$36,628.00

The information contained herein is correct as at 13 Feb 2019

OK

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	7296W
Vehicle Details	
Vehicle No.:	WC6560Y
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Feb 2019
Vehicle Make:	ISUZU
Vehicle Model:	CYH52S
Primary Colour:	Blue
Manufacturing Year:	2013
Engine No.:	6WG1419891
Chassis No.:	JALCYH52SD7000447
Maximum Power Output:	-
Open Market Value:	\$119,123.00
Original Registration Date:	02 Dec 2013
First Registration Date:	02 Dec 2013
Transfer Count:	2
Actual ARF Paid:	\$5,957.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	01 Dec 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$76,310.00
COE Rebate Amount:	\$36,352.00
Total Rebate Amount:	\$36,352.00

The information contained herein is correct as at 26 Feb 2019

OK