

INS. CASE OWNER:

CC 6, 01 1900 3449, Khab

LNN:

IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

02/2/19

Date / Time :

02/2/19

Registered in Merimen:

Pre-assign / CCU / FTE

VN 7282 L



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A : 19/2/19

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

GBB 4336 X



INSRS:

WSP:

Tel :

Liability :

RMKS:

Alan's United



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GBB 4336 X - X;

VN 7282 L - 02/02/19 013922/Khab392 : 00A: 27/02/19

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: CT21

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Atlantis

of _____

Insured: _____

Policy No. _____

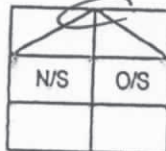
Claims No. _____

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: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GRB 4336X Yr Regn: 03 09

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

Truck / Traller or _____

Make: Citroen Berlingo c.c. 1560Colour: White A/C: Insured / Std / NI / NASp. Reading: 350535 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIF 7 E914XC 67032276

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: B.P 195/65R15R: FSBS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 3 mmR/Bal. 2 mmL/Bal. 3 mmL/Bal. 2 mmD.O.A. 19/2/19D.O.I. 22/2/19

Survey held at _____

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

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

Date / Time

Action / Instruction

File pass to

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____
S + RS. \$

Fixtures

Others

TOTAL

Report Format :

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

Register New Vehicle (Acknowledgement)**Vehicle Particulars**

Vehicle No.:	GBB4336X	Vehicle Scheme:	Normal
Vehicle Type:	A50 - Goods (Closed) Van/Van Panel (Delivery)		
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	CITROEN	Vehicle Model:	BERLINGO 1.6 MT ABS AB 2WD 6DR DW
Chassis No.:	VF77E9HXC67032276	Engine No.:	10JBCB0010356
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	1
Engine Capacity:	1560 cc	Power Rating:	-
Unladen Weight:	1420 kg	Maximum Laden Weight:	2130 kg
Primary Colour:	Grey	Secondary Colour:	-
First Registration Date:	25 Mar 2009	Original Registration Date:	25 Mar 2009
Manufacturing Year:	2008	Open Market Value:	\$19,776.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0		

Owner Particulars

Owner Name: REX MARINE & ENGINEERING PTE LTD
 Owner ID Type: Company
 Owner ID: 200403137K
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
 Registered Block/House No.: 61
 Registered Street Name: KAKI BUKIT AVENUE 1
 Registered Unit No.: # 01 - 26
 Registered Building Name: SHUN LI INDUSTRIAL PARK
 Registered Postal Code: 417943
 COE No. / Expiry Date: 2009040105000045H / 24 Mar-2019
 COE Bid Category: C - Goods Vehicle & Bus
 QP Paid: \$5,300.00

Transaction Details

Business Transaction Ref. No.: 20090325081414009731
 Business Transaction Date: 25 Mar 2009
 Business Transaction Time: 08:14:14

Message

The above vehicle has been successfully registered.

