

CC 4/111 1900 3728, U fa3

L.R.N.
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 6835C

Claim No. : 62

Name of Insured :

Policy No. :

Insured Tel No. : HP: 28/2/19

Make / Model :

Excess Sec II :SS D.O.A: 28/2/19

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

SMA8500L

INSRS:
WSP: Zoom
Tel: Ando.
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

SMA8500L - NA/INC/003582/03 ; 609: 28/2/19
SHD 6835C - NS/MC/1003746/14543 ; 609: 28/2/19

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\$

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: SMAF500C

at Workshop m/s Zoom

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: 11500

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

36191

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMAF500C Yr Regn: 26/8, 09

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

Truck / Trailer or CA /

Make: chevrolet cruze c.c. 1598

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

Sp. Reading 126109 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL1JA 6961AK523327

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: _____

R: 205/60R16

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 25/1/19 D.O.I. 4/3/19

Survey held at _____

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

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

Date / Time	Action / Instruction
	LTA 7042
	6 mch. net 4458

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

___ \$ + RS ___ \$

Photos

Others

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:	3619I
Vehicle Details	
Vehicle No.:	SMA8500L
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Mar 2019
Vehicle Make:	CHEVROLET
Vehicle Model:	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR
Primary Colour:	Red
Manufacturing Year:	2009
Engine No.:	F16D34429941
Chassis No.:	KL1JA6961AK523327
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$12,873.00
Original Registration Date:	26 Aug 2009
First Registration Date:	26 Aug 2009
Transfer Count:	2
Actual ARF Paid:	\$12,873.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Aug 2019
PARF Rebate Amount:	\$6,436.00
Intended COE Rebate Details	
COE Expiry Date:	25 Aug 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$15,100.00
COE Rebate Amount:	\$606.00
Total Rebate Amount:	\$7,042.00

The information contained herein is correct as at 05 Mar 2019

OK



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Chevrolet Cruze

Price Range

Depreciation

2009

Vehicle Type

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Chevrolet Cruze 1.6A

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Car Details

Price	\$15,000	?
Depreciation	\$15,590 /yr View models with similar depreciation	
Reg Date	22-Sep-2009 (6mths 16days COE left)	?
Manufactured	2009	
Mileage	131,608 km (13.9k /yr)	
Transmission	Auto	
Engine Cap	1,598 cc	?
Road Tax	\$742 /yr	
Power	80.0 kW (107 bhp) View specs of the Chevrolet Cruze (2009-2018)	?
Curb Weight	1,388 kg	
Features	-	
Accessories	-	?
COE	\$18,020	?
OMV	\$12,914	?
ARF	\$12,914	?
Dereg Value	\$7,444 as of today (change)	?
No. of Owners	2	
Type of Veh	Mid-Sized Sedan	
Category	PARF Car, Direct Owner Sale	
Availability	Available	

DIRECT OWNER

[Add to Shortlist](#)[Add to Compare](#)[Add a Note](#)

Posted on: 14-Feb-2019 | Last Updated on: 21-Feb-2019

Tags: Chevrolet Cruze, chevrolet cruze, 2009 Chevrolet Cruze, 2009 chevrolet cruze, Chevrolet, Cruze, cruze, Used Chevrolet



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Seller Information

Contact Person(s) Byron
Contact No. 973381
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