				LKK:
INS. CASE OWNER:	CC 6, CTI 1900 4583, Kpa3			IDAC:

ASSIGNMENT

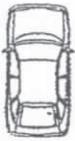Surveyor: _K8L_ DOI: _11/3/19_ Date / Time: _6/3/19_

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _PC 4171 H_ Claim No. : _____

Name of Insured : _____ Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : _8/3/19_ 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**

SJW 3244D →

INSRS: Mei Lee
WSP:
Tel :
Liability :
RMKS:
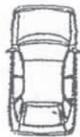
INSRS:
WSP:
Tel :
Liability :
RMKS:
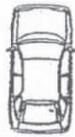
INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJW3244D, PC4171H NRM o7.18 o13/8/19 ; DOA: 8/3/19	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:

ASS. REC. BY: REF: C72/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ Wei Lee

of _____

Insured: _____
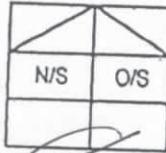
Policy No. _____

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: $20/c

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days   Res.: Yes or No

Lum Sum: 20 %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____   Vehicle: IN / OUT

Veh No: SJW 3244 A Yr Regn: 03, 10

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

Make: Toy Altis   c.c 1598

Colour: M. Green   A/C: Insured / Std / NI / NA

Sp.Reading 19.7572   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053 ZEE100171738

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NII / S/Rlm / STD A/Rlm or _____

Tyre Size: F: 195/65R15

     R: _____

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	8 mm
L/Bal.	3 mm	L/Bal.	8 mm
D.O.A.	8/3/1	D.O.I.	11/3/19

Survey held at _____ 3

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

Rear N/S

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

Date / Time	Action / Instruction
1	File pass to
11/3	Est not ready
	16m 847od enq'l

Date/Time, File Pass to?   ☐ : Prell. Report

1) _____   ☐ : Final Report

Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp ($ _____)

     ☐ : Interview ($ _____)

     ☐ : Tech Invs ($ _____)

     ☐ : Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
_ S + RS._ SI	
Photos	
Others	
TOTAL	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1813C
Vehicle Details	
Vehicle No.:	SJW3244D
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Mar 2019
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Silver
Manufacturing Year:	2010
Engine No.:	3ZZ4986629
Chassis No.:	MR053ZEE106171738
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	$16,716.00
Original Registration Date:	18 Mar 2010
First Registration Date:	18 Mar 2010
Transfer Count:	2
Actual ARF Paid:	$16,716.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Mar 2020
PARF Rebate Amount:	$9,193.00
Intended COE Rebate Details	
COE Expiry Date:	17 Mar 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	$20,802.00
COE Rebate Amount:	$2,108.00
Total Rebate Amount:	$11,301.00

The information contained herein is correct as at 12 Mar 2019

OK