INS. CASE OWNER:	CC 4, FWD 1900 4924, Kea3	LKK:
		IDAC:

ASSIGNMENT

Surveyor: _KSC_   DOI: _14/3/2019_   Date / Time : _18/3/19_

Registered in Merimen: _18/3/19_

Pre-assign / CCU / FTE
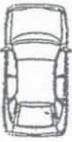
Insured Vehicle No. : _SLF 4926D_

Name of Insured : _____   Claim No. : _____

Insured Tel No. : _____ HP: _____   Policy No. : _____ GA

Excess Sec II :S$ _____ D.O.A : _14/3/19_   Make / Model : _____

Is driver the owner? (YES / NO)   Place of Accident : _____

Nature of Accident : _____

If **NO**, Driver Name / Age : _____

Driver Tel No. : _____ (V/L: YES / NO)
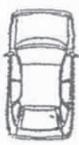
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
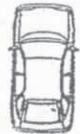
Insured Liability : % Final ? Yes / No

SGW 3156K →

INSRS: WSP: _Kian Teong._ Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SGW3156K - NRM(INSUR)o Supply , DOA: 14/3/18	Non-Reporting ltr (1st):	
	SLF 4926D - X	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: *FWD /*

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s   *Kian Teay*

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: *8 22k*

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: *04* days   Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Veh No: *SGW 3156K* Yr Regn: *07.07*

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or *(A) Wagon*

Make: *Honda Edix*   c.c *1.998*

Colour *M. Silver*   A/C: Insured / Std / NI / NA

Sp.Reading *245750*   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *BE3* · *1200526*

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: *205/55R16*

          R: _____

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. *14/3/19*		D.O.I. *19/3/19*	

Survey held at _____

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

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

Date / Time	Action / Instruction
/	*File pass to*
	Est not ready

Date/Time, File Pass to?

☐ : Prell. Report

1) _____

Date/Time, File Return to?

☐ : Final Report

2) _____

Report Format :

Lump Sum / I.B.I: ($

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

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:	Singapore NRIC
Owner ID:	9781F
Vehicle Details	
Vehicle No.:	SGW3156K
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Mar 2019
Vehicle Make:	HONDA
Vehicle Model:	EDIX 2.0 A
Primary Colour:	Silver
Manufacturing Year:	2007
Engine No.:	K20A7060592
Chassis No.:	BE31200526
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	$18,815.00
Original Registration Date:	12 Jul 2007
First Registration Date:	12 Jul 2007
Transfer Count:	1
Actual ARF Paid:	$20,697.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	11 Jul 2022
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	$26,237.00
COE Rebate Amount:	$17,354.00
Total Rebate Amount:	$17,354.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 20 Mar 2019

OK