

INS. CASE OWNER:

CC 4/11 1900 5548 / E na3

LKR:
IDAC:

Surveyor:

Steve

DOI:

ASSIGNMENT

26/3/19

Date / Time :

26/3/19

Registered in Merimen:

28/3/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHD 35754

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

23/3/19

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

SL 366P



INSRS:

WSP:

Tel :

Liability :

RMKS:

Teamwork



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SL 366P - NA / FWD 1900 5326 / 24 - DOA 23/03/2019
 SHD 35754 - NA / MSG 1800 6329 / 13 - DOA 05/04/2018
 - NA / FWD 1900 5326 / 24 - DOA 23/03/2019
 - CS / III 1800 6409 / Uq372 - DOA 05/04/2018
 - CC6 / III 1800 7425 / A663 - POA 19/04/2018
 - CC6 / III 1800 19839 / Kp63 - POA 27/10/2018

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:

REF:

ASSIGNMENT

From _____ Date: _____
 Estimated Cost _____
QD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspct Vehicle No: _____
 at Workshop m/s _____
 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.

XX	
N/S	O/S

Bal. or Market Value:

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No SLL366P 10/2/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Odyssey G.C. 2.4
 Colour Purple A/C Insured / Std / NI / NA
 Sp. Reading 21825 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JHMRC 18906C298559
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/55R17
 R: _____
 BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front

R/Bal. 3 mm
 L/Bal. 3 mm
 D.O.A. 25/3/19

Rear

R/Bal. 3 mm
 L/Bal. 3 mm
 D.O.A. 26/3/19

Survey held at

Teamwork

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

Date/Time, File Pass to?

☐ : Proll. Report

Days Of Repair:

4)

☐ : Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation

) \$ + R.S. 31

) Photos

) Other

) ..

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:	2346A
Vehicle Details	
Vehicle No.:	SLL366P
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Mar 2019
Vehicle Make:	HONDA
Vehicle Model:	ODYSSEY 2.4 EXV-S CVT SR
Primary Colour:	Purple
Manufacturing Year:	2016
Engine No.:	K24W72013573
Chassis No.:	JHMRC1890GC208559
Maximum Power Output:	129.0 kW (172 bhp)
Open Market Value:	\$32,881.00
Original Registration Date:	10 Feb 2017
First Registration Date:	10 Feb 2017
Transfer Count:	0
Actual ARF Paid:	\$38,034.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Feb 2027
PARF Rebate Amount:	\$28,525.00
Intended COE Rebate Details	
COE Expiry Date:	09 Feb 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,106.00
COE Rebate Amount:	\$41,813.00
Total Rebate Amount:	\$70,338.00

The information contained herein is correct as at 26 Mar 2019

OK