

INS. CASE OWNER:

RA. CC 4, ASM 1900 5842, U pas

LKN:

IDAC:

108 226

Surveyor:

UKS

DOI:

ASSIGNMENT

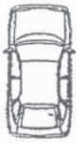
31419

Date / Time:

2/4/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 5194E

Name of Insured:

TIC 505-PL

Insured Tel No.:

HP:

Excess Sec II :SS

5,000.00

D.O.A.:

24/2/15

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

S9m01 JNA

Policy No.:

Make / Model:

Place 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

GBL6004K



INSRS:

WSP:

Tel:

Liability:

RMKS:

LW's Bm.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

GBL6004K - X;

SHC 5194E - W/L/A 120 2536 / M/K 392 : 100% 9/11/17

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:

Surveyor

ASSIGNMENT

From:

Date:

3/4/2019

Estimated Cost:

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

To Inspect Vehicle No:

GBC 6004K

at Workshop m/s

Jiu's Brother

of

1 Kenli Bulcit Ave 6 #01-01

Insured:

Policy No.

Claims No.

Sum Insured:

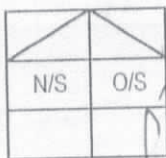
Excess:

(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 Report:

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

up

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBC 6004K

Yr Regn:

4113

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

Truck / Trailer or

CM/

Make:

Nissan NV200

C.C

1461

Colour

white

A/C: Insured / Std / NI / NA

Sp. Reading

190213

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VSKYBAM 2040027273

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:

175-65-214

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

TOYO / YOKO or

Austone

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

24/12/15

D.O.I.

3/4/19

Survey held at

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

O/S Rear

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

Date / Time

Action / Instruction

4/4/19 confirmed N/S \$1500 with Susan.

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:

S + RS, SI

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:	Company
Owner ID:	1196N
Vehicle Details	
Vehicle No.:	GBC6004K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	01 Apr 2019
Vehicle Make:	NISSAN
Vehicle Model:	NV200 1.5L MT ABS AIRBAG 2WD 6DR
Primary Colour:	White
Manufacturing Year:	2011
Engine No.:	K9KF276D125054
Chassis No.:	VSKYBAM20U0027273
Maximum Power Output:	-
Open Market Value:	\$21,778.00
Original Registration Date:	04 Apr 2013
First Registration Date:	04 Apr 2013
Transfer Count:	1
Actual ARF Paid:	\$1,089.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	03 Apr 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$53,489.00
COE Rebate Amount:	\$21,425.00
Total Rebate Amount:	\$21,425.00

The information contained herein is correct as at 01 Apr 2019

OK