

INS. CASE OWNER:

CC 4, 111 1900 6478, Ufa3

LKK:

IDAC:

Surveyor:

Mafius

DOI:

M4/19

Date / Time :

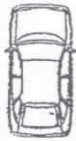
11/4/2019

Registered in Merimen:

11/4/19

Pre-assign / CCU / FTE

SAD 31155



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

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

SMD 7610 T



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SMD 7610 T - x

SMD 31155 - CC4/111 1900 6478 / 6478392: 15/3/18

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:

(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: SM D 76107at Workshop m/s Stlz

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: 2 Consistent? : Yes or NoEst. Repairs: 2 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

LTA 38147

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SM D 76107 Yr Regn: 9.18Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Hyundai Elantra c.c. 1591Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 9140 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMMD841CMJU 729792Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or NexenFront S Rear S

R/Bal. _____ mm R/Bal. _____ mm

L/Bal. S mm L/Bal. S mmD.O.A. 8/4/19 D.O.I. 22/4/19

Survey held at _____

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

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

Date / Time Action / Instruction

22/4/19 conf. and find by #600 with AM Kai

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:	Singapore NRIC
Owner ID:	2347I
Vehicle Details	
Vehicle No.:	SMD7610T
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Apr 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT (AMS)
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	G4FGJU238292
Chassis No.:	KMHD841CMJU729792
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$10,942.00
Original Registration Date:	01 Sep 2018
First Registration Date:	01 Sep 2018
Transfer Count:	0
Actual ARF Paid:	\$10,942.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Aug 2028
PARF Rebate Amount:	\$8,206.00
Intended COE Rebate Details	
COE Expiry Date:	31 Aug 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$31,997.00
COE Rebate Amount:	\$29,941.00
Total Rebate Amount:	\$38,147.00

The information contained herein is correct as at 22 Apr 2019

OK