

INS. CASE OWNER:

CC 4/11/1900 7123, Kea3

LKK:

IDAC:

Surveyor:

KSL

DOI:

23/4/19

Date / Time:

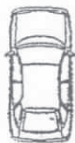
23/4/19

Registered in Merimen:

23/4/19

Pre-assign / CCU / FTE

SPB 3818Y



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

22/04/2019

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

SPB 3818Y

SJL 6538 U

SLV 9779 U



INSRS:

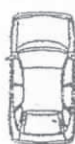
WSP:

Tel :

Liability :

RMKS:

07



INSRS:

WSP:

Tel :

Liability :

RMKS:

Alan's
Vindict
TP

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time

SJL 6538 U
SPB 3818Y 3/21/1900 7123/TP i.vof. 22/4/19

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\$

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:

G!
incomp

ASS. REC. BY:

REF:

AIG/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect 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.Bal. or Market Value: 844k

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 09 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 2/18 Person Contacted: _____

Vehicle: IN / OUT

Veh No: STL 65384 Yr Regn: 12, 08Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: Toyota Allion c.c. 1486Colour: White A/C: Insured / Std / NI / NASp. Reading: 203030 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: N87260 302P530Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD / A/Rim orTyre Size: F: 195/55R13

R: _____

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal. 6 mmR/Bal. 63 mmL/Bal. 6 mmL/Bal. 83 mmD.O.A. 22/4/19D.O.I. 23/4/19

Survey held at _____

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

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

Date / Time

Action / Instruction

1 File pass to

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

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:	6821Z
Vehicle Details	
Vehicle No.:	SJL6538U
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Apr 2019
Vehicle Make:	TOYOTA
Vehicle Model:	ALLION 1.5 A
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	1NZD120206
Chassis No.:	NZT2603029530
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$14,582.00
Original Registration Date:	05 Dec 2008
First Registration Date:	05 Dec 2008
Transfer Count:	4
Actual ARF Paid:	\$14,582.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	04 Dec 2028
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$27,571.00
COE Rebate Amount:	\$26,497.00
Total Rebate Amount:	\$26,497.00

The information contained herein is correct as at 24 Apr 2019

OK