

INS. CASE OWNER:

CC 4 / M4 1900 7962 / 903

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

6/5/19

Date / Time :

6/5/19

Registered in Merimen:

6/5/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJS 4393 X

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

3/5/19

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

SJS 720 A



INSRS:

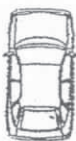
WSP:

Tel :

Liability :

RMKS:

Chew Goon



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SJS 720 A - X ;

SJS 4393 X - X

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:

RELIMINARY 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)

OR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

LA/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:

ASS. REC. BY:

REF:

A161

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S12 720A

Yr Regn:

06, 09

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

Truck / Trailer or

Make:

Kia

Corgo

c.c

1590

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

151977

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KNAF142213.95067843

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / SRim / STD A/Rim or

Tyre Size:

F:

225/45R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

7

mm

R/Bal.

6

mm

L/Bal.

7

mm

L/Bal.

6

mm

D.O.A.

3/5/19

D.O.I.

6/5/19

Survey held at

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

Rear

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

Date / Time

Action / Instruction

1

File pass to

815

GIA & EN not ready

Informal Mrs Chew veh left 1 month only, she said owner paying COE

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trlp:

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:	Business
Owner ID:	8726D
Vehicle Details	
Vehicle No.:	SJZ720A
Vehicle to be Exported:	No
Intended Deregistration Date:	04 May 2019
Vehicle Make:	KIA
Vehicle Model:	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	G4FC9H251011
Chassis No.:	KNAFH221395067843
Maximum Power Output:	92.7 kW (124 bhp)
Open Market Value:	\$14,731.00
Original Registration Date:	25 Jun 2009
First Registration Date:	25 Jun 2009
Transfer Count:	4
Actual ARF Paid:	\$14,731.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Jun 2019
PARF Rebate Amount:	\$7,365.00
Intended COE Rebate Details	
COE Expiry Date:	24 Jun 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$7,589.00
COE Rebate Amount:	\$105.00
Total Rebate Amount:	\$7,470.00

The information contained herein is correct as at 04 May 2019

OK