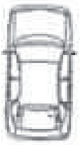
INS. CASE OWNER: | CC 6/LPC 1900 815 / E ja3 | IDAC:

ASSIGNMENT

Surveyor: Steve   DOI: 9/5/19   Date / Time : 9/5/2019

Registered in Merimen: — —

Pre-assign / CCU / FTE



Insured Vehicle No. : GX 6725 T

Name of Insured :

Insured Tel No. :   HP:

Excess Sec II :S$ D.O.A : 7/5/19

Is driver the owner? (YES / NO)   Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. :   (V/L: YES / NO)

Claim No. : 18/19/19/VC007021770

Policy No. :

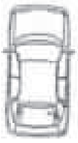
Make / Model : Lex

Place of Accident :

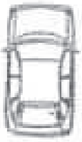
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : %   **Final ? Yes / No**

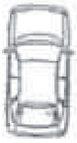
SLL904?P → → →

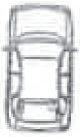


INSRS:
WSP: Newmogen.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:





INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLL904?P } NATLPC1900815 7124; DOA 7/5/19
	GX6725T } -U3/1151P000259/M05/07; DOA 3/1/18

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$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	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:	

Insured: Steve | REF: Lpc

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s:

at:

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 Rpart: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLL 9042P Yr Regn: 15/3/17

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

Make: Toyota Sienta cc: 1496

Colour: Blue A/C: Insured / Std / NI / N/

Sp.Reading: 137796 T/Radio: Insured / Std / NI / N.

Eng/No:

Ch/No: NHP170 7068027

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: 185/60R15

R: "

BS / DUN / EXNOVA / GY / FS / LIEAN / NC / OHTSU / PIR / SUMI / TOYO / YOKO or Achilles

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	7/5/19	D.O.I.	9/5/19

Survey held at: Vermeyen

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

MV- 73K

Date/Time, File Pass to?

: Prell. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Date/Time, File Return to?

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

Owner ID Type:	Company
Owner ID:	4597K
Vehicle No.:	SLL9042P
Vehicle to be Exported:	Yes
Intended Deregistration Date:	08 May 2019
Vehicle Make:	TOYOTA
Vehicle Model:	SIENTA HYBRID 1.5G CVT
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	1NZR461133
Chassis No.:	NHP1707068027
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	$26,838.00
Original Registration Date:	15 Mar 2017
First Registration Date:	15 Mar 2017
Transfer Count:	0
Actual ARF Paid:	$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Mar 2027
PARF Rebate Amount:	$3,750.00
COE Expiry Date:	14 Mar 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$49,751.00
COE Rebate Amount:	$39,051.00
Total Rebate Amount:	**$42,801.00**

The information contained herein is correct as at 08 May 2019

OK