

INS. CASE OWNER:

CC 4 / M/G 1900 8434 / 71 gas

IDAC:

Surveyor:

MTH

DOI:

ASSIGNMENT

14/5/19

Date / Time:

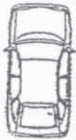
13/5/19

Registered in Merimen:

14/5/19

Pre-assign / CCU / FTE

SPV 14624



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A:

11/5/19

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

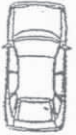
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SOS5680 G



INSRS:

WSP:

Tel :

Liability :

RMKS:

Gm 1



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SOS5680 G - 15/11/19/15040/February : 00A: 01/09/15
SPV 14624, 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:

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

22/03/2021

ASS. REC. BY:

REF:

CS / AIG19008434/11

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Hor Yimrul

of

AIG

Date/Time:

13/05/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SDS 5680G

Insured:

SKV 1462Y

at Workshop m/s

EM-1 AUTO

Tel:

of

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

4/5/19

CA / REV / REP. / REV 24 HRS

DS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time	Action/Instruction	Estimate ()
	SDS 5680G	X
	SKV 1462Y	X

(08/11/19)

Surveyor

Taurida

REF:

ME

ASSIGNMENT

From:

Date:

14/5/19

Estimated Cost:

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

To Inspect Vehicle No:

SDS 5680G

at Workshop m/s

EM-1 AUTO

of BIK 8 #01-68 S/m ind. est Sector C

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

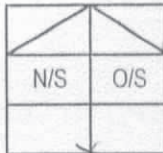
(Client's Record)

Make of Veh:

(Policy Condition)

any time

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

\$63K.

IDAC Accident Rpt:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SDS 5680G

Yr Regn:

206, Feb

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

Truck / Trailer or

Make:

Honda Vezel

c.c

149.6

Colour:

White

A/C:

Insured / Std / NI / NA

Sp.Reading

104853

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

R4/1103340

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:

195/50R15

R:

N/A

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

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

14/5/19

Survey held at

EM-1 Rpt

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

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$

) S + RS, SI



: Interview (\$

) Photos



: Tech. Invs (\$

) Others



: Weekend (\$

) TOTAL

Report Format :

Lump Sum / I.B.I.: (\$

)

TOTAL

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5548I
Vehicle Details	
Vehicle No.:	SDS5680G
Vehicle to be Exported:	No
Intended Deregistration Date:	13 May 2019
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X A
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	L15B4023343
Chassis No.:	RU11103340
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$19,758.00
Original Registration Date:	29 Feb 2016
First Registration Date:	29 Feb 2016
Transfer Count:	0
Actual ARF Paid:	\$9,758.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Feb 2026
PARF Rebate Amount:	\$7,318.00
Intended COE Rebate Details	
COE Expiry Date:	28 Feb 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,651.00
COE Rebate Amount:	\$31,697.00
Total Rebate Amount:	\$39,015.00

The information contained herein is correct as at 13 May 2019

OK