INS. CASE OWNER: CC 4/ AG 1900 8454 / 71 gas | LRR: IDAC:

ASSIGNMENT

Surveyor: MTH DOI: 14/5/19 Date / Time : 13/5/19

Pre-assign / CCU / FTE Registered in Merimen: 14/5/19

Insured Vehicle No. : SKV 1462 Y Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 11/5/19 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

SDS5680G → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: GM 1	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SDS5680G - LS/AG/50/5040/Feb07 ; DOA: 07/09/15
	SKV1462Y . 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$	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:	

22/03/2002

ASS. REC. BY: | REF: CS / AIG1900843411 | Special Instruction:

Surveyor: _____

ASSIGNMENT (Office)

From (Person): Hor Yinrui 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 1467Y

at Workshop m/s EM-1 AUTO Tel: _____

of _____

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11/5/19
(Client's Record)

CA / REV / REP. / REV 24 HRS 'DS'

Date/Time: _____ Person Contacted: _____ H.O.D. Endorsement: _____

Vehicle IN / OUT

Date/Time	Action/Instruction Estimate ( )
	SDS 5680G X
	SKV 1467Y X

(08/11/13)

Surveyor Tan B Tdr | REF: AIG

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 Blk 8 #01-68 S/m Ind. Est Sector C

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

anytime

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: $63K.

IDAC Accident Rport: 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: SDS 5680G Yr Regn: 2016, Feb

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

Make: Honda Vezel c.c 1496

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 104853 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RY1-1033340

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: " "

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 Auto

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:

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:	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