

INS. CASE OWNER:

CC 4 / Rn 1900 9/15/19 / KKAS

IDAC:

Surveyor:

190

DOI:

ASSIGNMENT

22/5/19

Date / Time :

24/5/19

Registered in Merimen:

22/5/19

Pre-assign / CCU / FTE

GBD 2830M



Insured Vehicle No. : \_\_\_\_\_

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 22/5/19

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

SLR 78725

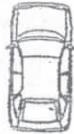


INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

check com.



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

SLR 78725 - X ; GBD 2830M - 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:	
<b>Documentation Check List:</b> Handler Typist	
Notification ltr (if non-pickup)	<input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>
Towing Invoice	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>
PIR:	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>
LOD	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>
Others:	<input type="checkbox"/>

**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: \_\_\_\_\_

ASS. REC. BY:

REF:

ALG

ASSIGNMENT

From:

Date:

27.5.2019

Veh No:

SLR 78725 Yr Regn: 08/17

Estimated Cost:

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

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

Truck / Trailer or

Wagon

To Inspect Vehicle No:

SLR 78725

Make:

Citron C4

C.C.

1560

at Workshop m/s

Chew Goon

Colour

M. P. White

A/C:

Insured / Std / NI / NA

of

BK10 AUC #01-15

Sp. Reading

45789

T/Radio:

Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

VIF3ABH2THJ67842

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

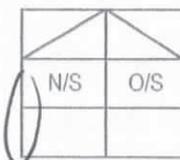
Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

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



Tyre Size:

Long Long 205/60R16

R:

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

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

9 mm

R/Bal.

7 mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

9 mm

L/Bal.

7 mm

Est. Repairs:

08 days

Res.: Yes or No

D.O.A.

22/5/19

D.O.I.

27/5/19

Lum Sum:

1-B.1 %

3 Val.: Yes or No

Survey held at

✓

CA / REV / REP. / 24 HRS

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

N/S Acc body

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time	Action / Instruction

Date/Time, File Pass to?  : Preli. Report  
 : Final Report

1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
\$ + RS. SI	
Photos	
Others	
TOTAL	

Report Format : \_\_\_\_\_  
 Lump Sum / L.B.I. (\$) \_\_\_\_\_

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	8719G
<b>Vehicle Details</b>	
Vehicle No.:	SLR7872S
Vehicle to be Exported:	No
Intended Deregistration Date:	22 May 2019
Vehicle Make:	CITROEN
Vehicle Model:	GRAND C4 PICASSO 1.6 BLUEHDI EAT6 S/R
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	10JBHD3081579
Chassis No.:	VF73ABHZTHJ678422
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$26,792.00
Original Registration Date:	29 Aug 2017
First Registration Date:	29 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$14,509.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Aug 2027
PARF Rebate Amount:	\$10,881.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	28 Aug 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,778.00
COE Rebate Amount:	\$38,667.00
<b>Total Rebate Amount:</b>	<b>\$49,548.00</b>

The information contained herein is correct as at 22 May 2019

OK