

INS. CASE OWNER:

CC 4 / ALH 1900 9431 / Aha3

LKN:

IDAC:

Surveyor:

ump

DOI:

ASSIGNMENT

24/5/19

Date / Time:

28/5/19

Registered in Merimen:

28/5/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ 6408L

Claim No. : hx

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : 25/5/19

Place of Accident :

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

If NO, Driver Name / Age :

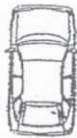
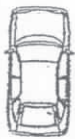
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SGA 8282C

INSRS:
WSP: BW W4SP-
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SGA 8282C - WSP (me 04019788) y1 : 005: 219/09
SMJ 6408L - 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:	%
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)		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$			2) Report Format:
				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:		

(08/11/13)

ASS. REC. BY: Adrian

REF

A19**ASSIGNMENT**

From:

Date: 29.5.2019

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SQA 8282C
at Workshop m/s BW Workshop Service
of 30 Ubi Road 4

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh: 2pm Owner waiting

(Policy Condition)

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

N/S	O/S

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: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

"W"

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

S6Q8282C Yr Regn: 2019, MarchType: M.Cab / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda Shuttle c.c 1496

Colour

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

Sp. Reading

6430 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GP72002594Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 185/60R15R: 185/60R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A.

D.O.I. 29/05/19

Survey held at

BWDes. 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

TP A19

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: 0728D

Vehicle Details

Vehicle No.: SGQ8282C
Vehicle to be Exported: Yes
Intended Deregistration Date: 27 May 2019
Vehicle Make: HONDA
Vehicle Model: SHUTTLE HYBRID 1.5 AUTO
Primary Colour: White
Manufacturing Year: 2018
Engine No.: LEB7103416
Chassis No.: GP72002594

Maximum Power Output: 101.0 kW (135 bhp)
Open Market Value: \$23,700.00
Original Registration Date: 08 Mar 2019
First Registration Date: 08 Mar 2019
Transfer Count: 0
Actual ARF Paid: \$15,180.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 07 Mar 2029
PARF Rebate Amount: \$11,385.00

Intended COE Rebate Details

COE Expiry Date: 07 Mar 2029
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$36,961.00
COE Rebate Amount: \$29,568.00
Total Rebate Amount: \$40,953.00

The information contained herein is correct as at 27 May 2019

OK