15/5/2010

INS. CASE OWNER: Wang Peifen | CC 4, Asm 190 10783, Kga3 | LKK: 120522 IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 10/6/2019 Date / Time : 10/6/19

Registered in Merimen: ✓

Pre-assign / CCU / FTE

Insured Vehicle No.	: SBV 39A		Claim No.	: SQMOLPYH
Name of Insured	: THAM SOOK CHENG		Policy No.	:
Insured Tel No.	:	HP:	Make / Model	:
Excess Sec II :S$		D.O.A : 6/6/19	Place of Accident :	
Is driver the owner?	(YES / NO) (NO circled)		Nature 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**

SLG 5112Z → ______ → ______ → ______

INSRS: WSP: Optima Mktg. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLG 5112Z - X;
	SBV39A - NA/ACC18019971/V3 ; DOA: 1/11/2018

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$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$	2) Report Format:
Disbursement:	S$ (e.g. Tow/ Independent)	3) Survey fee:
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: Kenneth | REF: AHAV | 10088/kg

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Optimp

of

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: $ 68k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 05 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: SLG 5112 Z Yr Regn: 09, 16

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

Make: Honda Shuttle c.c 1496

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 52543 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GK8 - 1007481

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: Hankook 185/60R15

R: Yoko

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	5 mm
L/Bal.	8 mm	L/Bal.	5 mm
D.O.A.	6/6/19	D.O.I.	10/6/19

Survey held at

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

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

Date / Time	Action / Instruction
/ 10/6	File pass to Wksp done agree U/Sup deduct 50% on parts.

Date/Time, File Pass to? [ ] : Prell. 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:	Company
Owner ID:	2455W
Vehicle Details	
Vehicle No.:	SLG5112Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Jun 2019
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE 1.5G CVT ABS D/AIRBAG 2WD 5DR
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	L15B3538769
Chassis No.:	GK81007481
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	$19,620.00
Original Registration Date:	30 Sep 2016
First Registration Date:	30 Sep 2016
Transfer Count:	0
Actual ARF Paid:	$9,620.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Sep 2026
PARF Rebate Amount:	$7,215.00
Intended COE Rebate Details	
COE Expiry Date:	29 Sep 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$51,506.00
COE Rebate Amount:	$37,670.00
Total Rebate Amount:	**$44,885.00**

The information contained herein is correct as at 06 Jun 2019

OK