

INS. CASE OWNER:

CC 4, E61 190 10782, Kda3

LKK:

IDAC:

Surveyor:

Ksu

DOI:

ASSIGNMENT

18/6/19

Date / Time:

18/6/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No

S2488 CD



INSRS:

WSP:

Tel:

Liability:

RMKS:

LHMK



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

S2488 CD X; SUM 12025 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\$

Legal Cost

S\$

Global Sum S\$:

Total:

S\$

Email

Call

FINAL PAYMENT

Date/Time:

Confirm with:

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:

ASS. REC. BY:

REF:

ERL/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

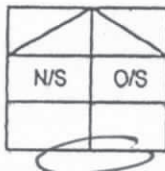
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 1-B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S 2988CDYr Regn: 09, 13Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: M. E200c.c. 1596Colour: M. Black

A/C: Insured / Std / NI / NA

Sp. Reading 95530

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2120342A815051Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: F: 245/45R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mmR/Bal. 7 mmL/Bal. 6 mmL/Bal. 7 mmD.O.A. 14/6/11D.O.I. 18/6/19

Survey held at _____

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

1 / File pass to
Jason said 1-B-1, no 2nd parts

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trlp: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)

Survey Fee: _____

Transportation: _____

Report Format :

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

☐ : Interview (\$)

S + RS. \$

☐ : Tech Invs (\$)

Fixings

☐ : Weekend (\$)

Others

TOTAL

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Foreign Identification Number

Owner ID:

4241N

Vehicle Details

Vehicle No.:

S2988CD

Vehicle to be Exported:

Yes

Intended Deregistration Date:

14 Jun 2019

Vehicle Make:

MERCEDES BENZ

Vehicle Model:

E200 SEDAN (R17)

Primary Colour:

Black

Manufacturing Year:

2013

Engine No.:

27492030067980

Chassis No.:

WDD2120342A815051

Maximum Power Output:

135.0 kW (181 bhp)

Open Market Value:

\$42,967.00

Original Registration Date:

03 Sep 2013

First Registration Date:

03 Sep 2013

Transfer Count:

2

Actual ARF Paid:

\$0.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

02 Sep 2023

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Rebate Amount:

\$0.00

Total Rebate Amount:

\$0.00

The information contained herein is correct as at 14 Jun 2019

OK