| INS. CASE OWNER: | CC6, A4 190 11164, U4a3 | LKK: |
| | | IDAC: |

ASSIGNMENT

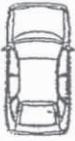Surveyor: _Marcus_   DOI: _25/6/19_   Date / Time: _26/6/19_

Registered in Merimen: _25/6/19_

Pre-assign / CCU / FTE

Insured Vehicle No. : _SMJ 9295A_   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : _24/6/19_   Place of Accident : _____

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

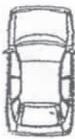If **NO**, Driver Name / Age : _____   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____   (V/L: YES / NO)   Insured Liability : ___%   **Final ? Yes / No**

_S44 85860_ →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: _Tan lim_	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : _95792_	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	S44 85860 -MI INCI 110206 43/4181 ; bIA : 3/6/11		Non-Reporting ltr (1st):	
	SMJ 9295A. X		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:	

(08/11/13) wef   REF: A16/

ASS. REC. BY: Marcus

ASSIGNMENT

From: Date:	Veh No: SGG 8586D Yr Regn: 5 / 16
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 CA/
To Inspect Vehicle No: SGG 8586	Make: Toyota Wish c.c 1797
at Workshop m/s Tudor	Colour Silver A/C: Insured / Std / NI / NA
of	Sp.Reading 73658 T/Radio: Insured / Std / NI / NA
Insured: SMJ 9295A	Eng/No:
Policy No.	C/No: ZGE20 6030063
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi : Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 195/65 R15
	R:

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

N/S	O/S	BS / DUN / EXNOVA / GY / FS / LIZA / (MIC) / OHTSU / PIR / SUMI /
		TOYO / YOKO or

	Front		Rear	
R/Bal.	6	mm	6	mm
L/Bal.	6	mm	6	mm
D.O.A.	24/6/19		D.O.I. 25/6/19	

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3   days   Res.: Yes or No

Lum Sum: 20   %   3 Val.: Yes or No

Survey held at

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Date: Person Contacted:

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

Date / Time   Action / Instruction

26/6/19 Confirm L/S #2300 with william.

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 ($)

Report Format :

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

Survey Fee:

Transportation:

___S + RS. ___SI

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7579Z
Vehicle Details	
Vehicle No.:	SGG8586D
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	2ZR1727624
Chassis No.:	ZGE206030063
Maximum Power Output:	105.0 kW (140 bhp)
Open Market Value:	$18,652.00
Original Registration Date:	31 May 2016
First Registration Date:	31 May 2016
Transfer Count:	0
Actual ARF Paid:	$18,652.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 May 2026
PARF Rebate Amount:	$13,989.00
Intended COE Rebate Details	
COE Expiry Date:	30 May 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$38,610.00
COE Rebate Amount:	$26,757.00
Total Rebate Amount:	**$40,746.00**

The information contained herein is correct as at 25 Jun 2019

OK