

INS. CASE OWNER:

Shenhi

CC 4, 111 190 11825, Kga3

LKK:

EDAC:

Surveyor:

CSC

DOI:

ASSIGNMENT

4/3/2019

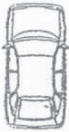
Date / Time :

3/3/19

Registered in Merimen:

3/3/19 by Merimen

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHA 7072 X

Claim No. :

Name of Insured :

Pter

Policy No. :

hax

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

4/3/19

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

GBC 5282 U



INSRS:

WSP:

Tel :

Liability :

RMKS:

un Tan



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

STAGE

DATE / PIC

GBC 5282 U - X

SHA 7072 X

C4/111 1700 2361/120392: 06/11/17

GBC 5282 U - X

23/6/16

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\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

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:

ASS. REC. BY:

REF: 71 /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: _____

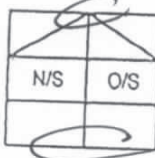
Excess: _____

(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: _____

08 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

File pass to
7/7 Thomas said I.B.I.

Veh No: GBE 52820Yr Regn: 12, 15

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

Truck / Trailer or

Make: Toyotac.c. 2882Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 136280

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFH 702P 400184466Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

1P5R15X8

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

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 2/7/19D.O.I. 4/7/19

Survey held at _____

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

L/R

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS. SI

Fees

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:	1562E
Vehicle Details	
Vehicle No.:	GBE5282U
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Jul 2019
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	1KD2561103
Chassis No.:	JTFHT02P400184466
Maximum Power Output:	-
Open Market Value:	\$27,741.00
Original Registration Date:	29 Dec 2015
First Registration Date:	29 Dec 2015
Transfer Count:	0
Actual ARF Paid:	\$1,388.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Dec 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$4,484.00
COE Rebate Amount:	\$2,908.00
Total Rebate Amount:	\$2,908.00

The information contained herein is correct as at 02 Jul 2019

OK