

INS. CASE OWNER:

Winnie Ho | CC4/ASM19011984 / K pa3

LKK: 125504
IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

8/7/2019

Date / Time :

8/7/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SMA 3785P

Claim No. : S9M01T5P

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A: 5/7/19

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. : (VL: YES / NO)

Insured Liability : % Final ? Yes / No

SLE 7886 X



INSRS: Supreme Auto
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	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:	
13/05/2021	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/sum S\$ 6,800.00 (8 days) Reduction: 50 % Email Call

FINAL SETTLEMENT Date/Time: 13/05/2021 Confirm with: Dylan Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 0

Repair Cost: S\$ 6,800.00

Loss of Rental (LOR): S\$ 580.00 (10 days) x \$58.00

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\$ 2.00

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

Total: S\$ 7,382.00 Global Sum S\$: 7,380.00

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ 7,380.00 Name 1: Supreme Auto Service Pte Ltd

Payee 2: (Strike if N.A.) S\$ Name 2:

Payee 3: (Strike if N.A.) S\$ Name 3:

- 1) Claim status: Normal/Reject/Private Settlement
- 2) Report Format: TP
- 3) Survey fee: \$350.00

ASS. REC. BY:

REF: ALA/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: _____

at Workshop m/s Suprem

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: 857k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PL E 7886 X Yr Regn: 08, 16

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

Truck / Trailer or _____

Make: Toy Ario c.c. 1896

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

Sp. Reading: 210495 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NRE 161 0016497

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size: F: Agenda

R: Yokco 185/60R15

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 6 mm

L/Bal. 9 mm L/Bal. 6 mm

D.O.A. 1/119 D.O.I. 8/7/19

Survey held at _____

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

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

Date / Time Action / Instruction

1 File pass to
CA & En not ready.

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 (\$ _____)

: 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:	605G
Vehicle Details	
Vehicle No.:	SLE7886X
Vehicle to be Exported:	Yes
Intended Deregistration Date:	31 Oct 2019
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA AXIO 1.5X CVT
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	2NR8599354
Chassis No.:	NRE1610016497
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$15,086.00
Original Registration Date:	01 Aug 2016
First Registration Date:	01 Aug 2016
Transfer Count:	2
Actual ARF Paid:	\$5,086.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Jul 2026
PARF Rebate Amount:	\$3,814.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jul 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$43,000.00
COE Rebate Amount:	\$29,025.00
Total Rebate Amount:	\$32,839.00

The information contained herein is correct as at 31 Oct 2019

OK