

INS. CASE OWNER:

Winnie Ho | CC 4 / ASM 19011984 / 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
SLE 7886 X : X	Non-Reporting ltr (1st):	
SMA 3785P : NA / TM 19011983 / 24 D.O.A : 5/7/19	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	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: 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\$

**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: ALA/

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop n/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 Azio 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:

\$ - RS. \$ \_\_\_\_\_

Photos

Others

Report Format :

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

TOTAL

> 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
<b>Total Rebate Amount:</b>	<b>\$32,839.00</b>

The information contained herein is correct as at 31 Oct 2019

OK