

INS. CASE OWNER:

cc 6, AG 190 17727, G ka3

Surveyor:

XLR

DOI:

ASSIGNMENT

14/10/19

Date / Time :

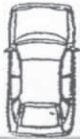
18/12/19

Registered in Merimen:

8/12/19

Pre-assign / CCU / FTE

HBC 8621R



Insured Vehicle No. :

Claim No. :

Name of Insured :

D & R Chemicals.

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

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

VN 5376M



INSRS:

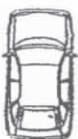
WSP:

Tel :

Liability :

RMKS:

Indev.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

VN 5376M-X; HBC 8621R-X
16/10 DMR. file pass to Subi Slup.

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\$

(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: A19

C 4715

ASSIGNMENT

From:

Date: 14/10/19

Estimated Cost:

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

To Inspect Vehicle No:

YN 5376M

at Workshop m/s

Indeco

of

39 Defu June 12

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

9am-12pm

Tan Cheng Hwee

(Policy Condition)

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

N/S

O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS Imp

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

YN 5376M

Yr Regn:

03 Jun 2014

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

Truck / Trailer or

Make:

ISUZU NIR 85A C.C. 2999

Colour:

white

A/C: Insured / Std / NI / NA

Sp. Reading

91592

T/Radio: Insured / Std / NI / NA

Eng/No:

NIR 8570 36687

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195 R15 (can dor)

Rear

R:

195 R15

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5/5

mm

L/Bal.

5

mm

L/Bal.

5/5

mm

D.O.A.

D.O.I.

Survey held at

w/s

10-10-19

11:30

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

N/S Rear

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Report Format:

Lump Sum / L.B.I. (\$

Days Of Repair:

Resurvey No. of Trip:

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:	Company
Owner ID:	471E
Vehicle Details	
Vehicle No.:	YN5376M
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Oct 2019
Vehicle Make:	ISUZU
Vehicle Model:	NJR85AUE6W
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	4JJ11E8464
Chassis No.:	NJR857036687
Maximum Power Output:	-
Open Market Value:	\$42,183.00
Original Registration Date:	03 Jun 2014
First Registration Date:	03 Jun 2014
Transfer Count:	0
Actual ARF Paid:	\$2,110.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	02 Jun 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$36,301.00
COE Rebate Amount:	\$16,814.00
Total Rebate Amount:	\$16,814.00

The information contained herein is correct as at 15 Oct 2019

OK