

INS. CASE OWNER:

CC 4, B61190 12802, Eka3

LKK:

IDAC:

Surveyor:

S/WT

DOI:

ASSIGNMENT

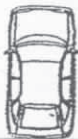
19/07/2019

Date / Time :

19/7/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBB 9730J

Claim No. :

CPM 61901299/PX/je

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A:

16/07/2019

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. :

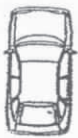
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHB 706 S



INSRS:

WSP:

Tel :

Liability :

RMKS:

SmpT, m



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHB 706 S - 44/AXAT 501 N602/K19637; 109: 26/7/15
 - 18/10/16 60067-21/19662; 108: 21/1/16
 - 08/10/16 601771 114602; 109: 21/7/16
 6009220J - 45/1001 6024209/K1962; 108: 16/1/16
 - 05/10/16 6010282/114607; 109: 30/1/16

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:

2/9/2020
khanchna

Survey done. No development. Informed ERGO via email that we will submit WP.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P \$ 3,115.90

(6 days)

Reduction: 6,001.09/66%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N

Repair Cost:

S\$

If NO or B 28, Ass. Lia :

Loss of Rental (LOR):

S\$

days

Survey done. No development. Informed ERGO via email that we will submit WP.

Loss of Use (LOU):

S\$

(\$

days)

Loss of Income (LOI):

S\$

(\$

day)

LOR only ☐ LOU only ☐ LOR+LOU ☐ LOR ☐ [Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(C / Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP

3) Survey fee:

\$250

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:

Steve

REF:

EQI

ASSIGNMENT

From:

Date:

19/7/19

Veh No:

SHB 706S

Yr Regn:

12/12/17

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

To Inspect Vehicle No:

SHB 706S

Make:

Toyota Prius

C.C.

1797

at Workshop m/s

SMRT

Colour

Maroon

A/C:

Insured / Std / NI / NA

of

woodlands Depot

Sp. Reading

198821

T/Radio:

Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

JTD KB3F4 8035760 75

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:

195/65R15

R:

11

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

5

mm

R/Bal.

5

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

5

mm

L/Bal.

5

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

16/7/19

D.O.I.

19/7/19

Lum Sum:

%

3 Val.: Yes or No

Survey held at

SMRT

CA / REV / REP. / 24 HRS ^{up}

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

Rear RH

Date:

Person Contacted:

Vehicle: IN / OUT

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

07/19/2013
688 9230J

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format:

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

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHB706S
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Jul 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZR8254583
Chassis No.:	JTDKB3FU803576075
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	12 Dec 2017
First Registration Date:	12 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Dec 2025
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	11 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$27,299.00
Total Rebate Amount:	\$31,049.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 19 Jul 2019

OK