

INS. CASE OWNER:

CC 4, H16 190 13220, U fa3

LKK:

IDAC:

Surveyor:

m. Armes

DOI:

ASSIGNMENT

26/12/19

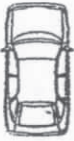
Date / Time:

26/12/19

Registered in Merimen:

26/12/19

Pre-assign / CCU / FTE



Insured Vehicle No. : som sop

Name of Insured :

Insured Tel No. : HP:

Excess Sec II : S\$

D.O.A : 18/07/2019

Is driver the owner? (YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

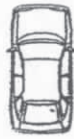
Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

PC 8116 S



INSRS:

WSP:

Tel :

Liability :

RMKS:

check me.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

PC 8116 S - X;

som sop - X

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: **Marcus**REF: **Ala****ASSIGNMENT**

From: _____ Date: **29/7/19**

Estimated Cost: _____

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

To Inspect Vehicle No: **PC 8116S**

at Workshop m/s **think One Autocare**

of **No. 18 Defu Avenue 2**

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: **1pm @ waiting Michael**

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: **3** days Res.: Yes or No

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

CA / REV / REP. / 24 HRS **(up) LIA 20187**

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **PC 8116S** Yr Regn: **Y 119**

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

Truck / Trailer or **(A)**

Make: **Toyota head commuter G-L 2754**

Colour: **white** A/C: Insured / Std / NI / NA

Sp. Reading: **23900** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **GDM 2232001437**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **Order** / Jammed / Leaked / Burnt or

Brake: **Order** / Jammed / Leaked / Burnt or

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

Tyre Size: F: **195-16R15** R: _____

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

TOYO / YOKO or

Front **6** mm Rear **6** mm

R/Bal. **6** mm L/Bal. **6** mm

D.O.A. **18/7/19** D.O.I. **29/7/19**

Survey held at _____

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

N/S H, N/S L

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

Date / Time	Action / Instruction
30/7/19	Carful 1/5 & 4/100 with metal

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / LBL: (\$)

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	609M
Vehicle Details	
Vehicle No.:	PC8116S
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Jul 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER 2.8 GL AUTO
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	1GD8385389
Chassis No.:	GDH2232001437
Maximum Power Output:	-
Open Market Value:	\$44,133.00
Original Registration Date:	08 Apr 2019
First Registration Date:	08 Apr 2019
Transfer Count:	0
Actual ARF Paid:	\$2,207.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	07 Apr 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$27,021.00
COE Rebate Amount:	\$26,187.00
Total Rebate Amount:	\$26,187.00

The information contained herein is correct as at 29 Jul 2019

OK