

INS. CASE OWNER:

CC3, AIG 190 13438, K da3

LKK:
IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

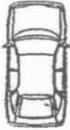
30/2/19

Date / Time:

30/2/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJG 5372M

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A:

29/2/2019

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 7608 X



INSRS:
WSP:
Tel :
Liability :
RMKS:

Trans. Cab



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SHB 7608 X - X ; SJG 5372M - 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:

Post-Repair Photos:

Others:

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

ASS. REC. BY:

REF: AIG

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tans Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

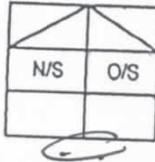
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

Lum Sum: 1. B. 1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: S14B 7608X Yr Regn: 05, 1, 9

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

Truck / Traller or

Make: Toy Pro c.c. 1700

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 32008 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FU303080008

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/55R15
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal. 7 mm - R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 29/7/19 D.O.I. 30/7/19

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>File pass to CIA not ready</u>

Date/Time, File Pass to?

: Prel. Report

: Final Report

1)

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

FURTHER

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:	878K
Vehicle Details	
Vehicle No.:	SHB7608X
Vehicle to be Exported:	Yes
Intended Deregistration Date:	29 Jul 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2C10347
Chassis No.:	JTDKB3FU503080098
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	17 May 2019
First Registration Date:	17 May 2019
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 May 2027
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	16 May 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$22,309.00
COE Rebate Amount:	\$17,847.00
Total Rebate Amount:	\$28,532.00
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 29 Jul 2019

OK