

INS. CASE OWNER:

CC 4, 11 190 13666, Riga3

LKK:

IDAC:

Surveyor:

Razur

DOI:

ASSIGNMENT

51819

Date / Time :

5/8/2019

Registered in Merimen:

5/8/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : Site 1094L

Claim No. : 6x

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : 26/07/2019

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

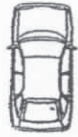
If NO, Driver Name / Age :

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

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLH 7252J

INSRS:
WSP: 6/11/21
Tel :
Liability : b-b.
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLH 7252J - x ;	Non-Reporting ltr (1st):	
	SHC1094L - CC4/11/190 13666 / Riga3 ; WSP: 6/11/19	Non-Reporting ltr (2nd):	
	- CC4/11/190 13666 / Riga3 ; WSP: 23/11/19	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:	

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\$		
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Loss of Rental (LOR):	S\$	(days)	
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Loss of Use (LOU):	S\$	(\$ x days)	
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Loss of Income (LOI):	S\$	(\$ x days)	
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LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
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GIA/LTA Search	S\$		
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Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
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Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:
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Legal Cost	S\$		3) Survey fee:
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Total:	S\$	Global Sum S\$:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
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Payee 1:	S\$	Name 1:	
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Payee 2: (Strike if N.A.)	S\$	Name 2:	
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Payee 3: (Strike if N.A.)	S\$	Name 3:	
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ASS. REC. BY: *[Signature]*

REG

4980

EXPIRY: 2021/2022

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: **SLH 7152J**

at Workshop no: **SLH 7152J**

of **30 hours more** *see*

Insured

Policy No: _____

Claims No: _____

Sum Insured: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

Bal. or Marked Value

IDAC Accident Report

GIA / PR / Gen

Est. Repairs: _____

Lum Sum: _____

CA / REV / REP. / 24 HRS

Date: _____

Action / Instruction

Vehicle: IN / OUT

Person Contacted: _____

Date: _____

Consistent? Yes or No

Consistent? Yes or No

days

3 Val: Yes or No

Res: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date: _____

Consistent? Yes or No

Consistent? Yes or No

days

3 Val: Yes or No

Res: Yes or No

CA / REV / REP. / 24 HRS

Report Format: _____

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

Date/Time, File Pass to:

Date/Time, File Return to:

☐ : Prelim. Report
☐ : Final Report

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: _____

☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Invs (\$)
☐ Weekend (\$)

Survey Fee: _____
Transportation: _____
Fuel: _____
Others: _____
Total: _____



Veh No: **SLH 7152J**
Type: **Car**
Truck / Trailer or
Make: **Toyota Lexus 1525A**
Colour: **Black**
Sp Reading: **122070**
Eng/No: _____
C/No: **5THBKA262205149213**
Gen. Cond: Good / Fair / Poor / Burnt
Steering: **Good**
Brake: **Good**
Mod: **Nil**
Tyre Size: **F: 245/4522R17**
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Make: **Toyota**
A/C: **Insured / Std / NI / NA**
T/Radio: **Insured / Std / NI / NA**

Front: **6**
R/Bal: **6**
L/Bal: **6**
D.O.A: **26/07/19**
Survey held at: **ET402**
Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop or**
0/5 Dam

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	493D
Vehicle Details	
Vehicle No.:	SLH7252J
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Aug 2019
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS IS250 AUTO STANDARD HID
Primary Colour:	Black
Manufacturing Year:	2011
Engine No.:	4GR0752294
Chassis No.:	JTHBK262205149213
Maximum Power Output:	153.0 kW (205 bhp)
Open Market Value:	\$39,029.00
Original Registration Date:	29 Jun 2011
First Registration Date:	29 Jun 2011
Transfer Count:	1
Actual ARF Paid:	\$39,029.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jun 2021
PARF Rebate Amount:	\$21,465.00
Intended COE Rebate Details	
COE Expiry Date:	28 Jun 2021
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$56,889.00
COE Rebate Amount:	\$10,556.00
Total Rebate Amount:	\$32,021.00

The information contained herein is correct as at 13 Aug 2019

OK

50,000
32,021

17,979