

INS. CASE OWNER:

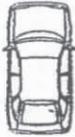
CC 4 / ATG 190 14022, Kca3

LKK:
IDAC:

Surveyor: Kenneth DOI: ASSIGNMENT 13/8/2019 Date / Time: 13/8/19
Registered in Merimen: 13/8/19

Pre-assign / CCU / FTE

50J 3535D



Insured Vehicle No. : _____ Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II : S\$ _____ D.O.A. : 8/8/19 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

SML 9486 E



INSRS: _____
WSP: Cheng Hoe
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
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RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
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Date/Time	STAGE	DATE / PIC
Sml 9486 E - X ;	Non-Reporting ltr (1st):	
50J 3535D - CBS/ATG 4503991 (6/4/3W) ; D.O.A. : 8/8/19	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: P/P S\$ 5,407.76 (5 days) Reduction: 656.56/11% Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: 27/10/2020 Confirm with JUNE Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST) S\$ 5,786.30		
Loss of Rental (LOR): S\$ 630.00 (7 days) X \$90		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ 8.00		
Medical: S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S\$	3) Survey fee: \$320	
Total: S\$ 6,424.30 Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ 6,424.30 Name 1: Cheng Hoe Motor Pte Ltd		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		

ASS. REC. BY:

REF: AIG/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoe

of _____

Insured: _____

Policy No. _____

Claims No. _____

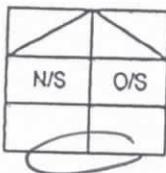
Sum Insured: _____ Excess: _____

(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: 05 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: SML 9486E Yr Regn: 06, 19

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

Truck / Traller or _____

Make: Honda Shuttle c.c. 1498

Colour: M. Gray A/C: Insured / Std / NI / NA

Sp. Reading: 18728 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK8 2002282

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NII / S/Rim / STD A/Rim or

Tyre Size: F: 185/60R15

R: _____

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

Front _____ Rear _____

R/Bal. 2 mm R/Bal. 2 mm

L/Bal. 2 mm L/Bal. 2 mm

D.O.A. 8/8/19 D.O.I. 13/8/19

Survey held at _____

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

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

Date / Time	Action / Instruction
<u>1</u>	<u>File pass to</u>

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	_____
Transportation:	_____
\$ - R.S. \$	_____
Fixtios	_____
Others	_____
TOTAL	_____

- Add Fee:
- : Site Insp (\$ _____)
 - : Interview (\$ _____)
 - : Tech Invs (\$ _____)
 - : Weekend (\$ _____)

Report Format : _____
Lump Sum / I.B.I: (\$ _____)

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	353J
Vehicle Details	
Vehicle No.:	SML9486E
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Aug 2019
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE 1.5G CVT
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	L15B6002687
Chassis No.:	GK82002282
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$19,535.00
Original Registration Date:	12 Jun 2019
First Registration Date:	12 Jun 2019
Transfer Count:	0
Actual ARF Paid:	\$9,535.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Jun 2029
PARF Rebate Amount:	\$7,151.00
Intended COE Rebate Details	
COE Expiry Date:	11 Jun 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$27,000.00
COE Rebate Amount:	\$26,557.00
Total Rebate Amount:	\$33,708.00

The information contained herein is correct as at 10 Aug 2019

OK