

INS. CASE OWNER:

CC4/III19014153/Ega3

LKK:

IDAC:

**ASSIGNMENT**

Surveyor:

**STEVE**

DOI:

**14/8/19**Date / Time : **14/8/19**Registered in Merimen: **14/8/19**

Pre-assign / CCU / FTE

Insured Vehicle No. : **XD 8570M**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_

HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_

D.O.A : **11/08/2019**

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO )

Nature 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

**SHC 4100H**

INSRS:

WSP: **SMRT, WL**

Tel : \_\_\_\_\_

Liability : \_\_\_\_\_

RMKS: \_\_\_\_\_



INSRS:

WSP: \_\_\_\_\_

Tel : \_\_\_\_\_

Liability : \_\_\_\_\_

RMKS: \_\_\_\_\_



INSRS:

WSP: \_\_\_\_\_

Tel : \_\_\_\_\_

Liability : \_\_\_\_\_

RMKS: \_\_\_\_\_



INSRS:

WSP: \_\_\_\_\_

Tel : \_\_\_\_\_

Liability : \_\_\_\_\_

RMKS: \_\_\_\_\_

Date/ Time		STAGE	DATE / PIC
	SHC 4100H - CC3/AIG16008956/K1ya3q2 ; DOA: 11/5/19	Non-Reporting ltr (1st):	
	- CC3/AXA12008466/R1hdf1 ; DOA : 23/04/12	Non-Reporting ltr (2nd):	
	- CC3/AXA13024164/R1sy3c3 ; DOA : 31/3/14	Non-Reporting ltr (Final):	
	XD 8570M - X	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 type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input 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 type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

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:

08/11/14

Surveyor

Steve

REF:

TJ

## ASSIGNMENT

From:

Date:

14-8-2019

Estimated Cost:

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

To Inspect Vehicle No:

SHC 4100 H

at Workshop m/s

SMRT

of

Insured:

Policy No.

Claims No.

Sum Insured:

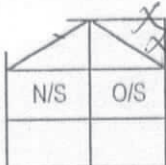
Excess:

(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 Rport:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

mp

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHC 4100 H

Yr Regn:

30/10/13

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

Truck / Trailer or

Make:

Toyota Prius

C.C

1797

Colour

Maroon

A/C:

Insured / Std / NI / NA

Sp. Reading

541028

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKN 364 605701442

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/50R15

R:

195

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

TOYO / YOKO or

Achilles

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

11/8/19

D.O.I.

14/8/19

Survey held at

SMRT

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

08/19/2033

X08570M

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 / I.B.I. (\$) )

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	369K
<b>Vehicle Details</b>	
Vehicle No.:	SHC4100H
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Aug 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2013
Engine No.:	2ZR5899706
Chassis No.:	JTDKN36U605701442
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,120.00
Original Registration Date:	30 Oct 2013
First Registration Date:	30 Oct 2013
Transfer Count:	0
Actual ARF Paid:	\$8,368.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Oct 2021
PARF Rebate Amount:	\$5,857.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	29 Oct 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$61,324.00
COE Rebate Amount:	\$16,917.00
<b>Total Rebate Amount:</b>	<b>\$22,774.00</b>
<b>Message</b>	
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 14 Aug 2019

OK