

INS. CASE OWNER: **NORSIAH**

CC6/AIG19019336/Uha3

LKK:
IDAC:

ASSIGNMENT

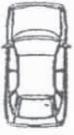
Surveyor: **MARCUS**

DOI: **01.11.2019**

Date / Time : **01.11.2019**

Registered in Merimen: **01.11.2019**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SBU 21E**
 Name of Insured : **SOON YEOW KWEE JOHNNY**
 Insured Tel No. : _____ HP: **+65-97492121**
Excess Sec II :S\$ _____ D.O.A : **30/10/2019**
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : **2100174397**
 Make / Model : **MERCEDES-BENZ S350L**
 Place of Accident : **UPPER CHANGI RD EAST**

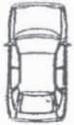
If NO, Driver Name / Age :

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

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

Insured Liability : _____ % Final ? Yes / No

CB 6132S



INSRS:
WSP: **STYTECH**
Tel : _____
Liability : _____
RMKS: _____



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



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



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

Date/ Time		STAGE	DATE / PIC
	SBU 21E - CC3/AIG13007234/Upn3y; DOA: 16.04.2013	Non-Reporting ltr (1st):	
	CB 6132S - CS/CTI19009081/Aqd3; DOA:22.05.19	Non-Reporting ltr (2nd):	
	- CS3/III13012888/Gtd1; DOA: 10.07.13	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 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"/>

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\$:** _____
 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: _____
 3) Survey fee: _____

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: _____

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	023C
Vehicle Details	
Vehicle No.:	CB6132S
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Nov 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DX 3.0 AUTO
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	1KD2736457
Chassis No.:	KDH2010229325
Maximum Power Output:	-
Open Market Value:	\$36,774.00
Original Registration Date:	24 Nov 2017
First Registration Date:	24 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$1,839.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 01 Nov 2019

OK

ASS. REC. BY:

nc/wj

REF:

Acc

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: CB61325
 at Workshop m/s Slyka
 of _____
 Insured: SBU 210
 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.

N/S	O/S

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: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS 0230
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: CB61325 Yr Regn: 11 / 17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA
 Make: Toyota hiace c.c. 2982
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 74307 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KDH2010229325
 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-R 15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front 6 Rear 6
 R/Bal. _____ mm R/Bal. _____ mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 30/10/19 D.O.I. 11/11/19
 *Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
015 Body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>LTA 0</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report

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

1) _____
 Date/Time, File Return to?
 2) _____
 Report Format: _____
 Lump Sum / L.B.I: _____

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

Survey Fee: _____
 Transportation: _____
 S + RS: _____ \$
 Photos _____
 Others _____
 TOTAL _____