

INS. CASE OWNER:

ASSIGNMENT

Surveyor: KENNETH

DOI: 10/01/2020

Date / Time : 12.11.2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SFB 6883Y

Name of Insured : LYE YOON SAN

Insured Tel No. : _____ HP: +65-96956883

Excess Sec II :S\$ _____ D.O.A : 10/08/2019

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

If NO, Driver Name / Age : _____

Driver Tel No. : _____

(V/L: YES / NO)

Claim No. : 18/19/19/VP05/022628

Policy No. : Z19VP05024431

Make / Model : MERCEDES-BENZ E200

Place of Accident : BLK 776 YISHUN AVE 2 CAR PARK

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

Insured Liability : % Final ? Yes / No

SLX 2446R

INSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLX 2446R - X	Non-Reporting ltr (1st):	
SFB 6883Y - CS/LPC19008624/Gsd3s2; DOA:12.5.19	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)	☐ ☐
	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: _____		
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\$ _____	1) Claim status: Normal/Reject/Private Settle	
Medical: S\$ _____	2) Report Format: _____	
Disbursement: S\$ _____ (e.g. Tow/ Independent)	3) Survey fee: _____	
Legal Cost S\$ _____		
Total: S\$ _____ Global Sum S\$: _____	Email ☐ Call ☐	
FINAL PAYMENT Date/Time: _____ Confirm with: _____		
Payee 1: S\$ _____ Name 1: _____		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		

ASS. REC. BY:

REF:

LPC/

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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:

02 days

Res.: Yes or No

Lum Sum:

1.8.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLX 2446R

Yr Regn:

03, 18.

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

Truck / Trailer or

Make:

Toy Vior

c.c

1496

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

73.947

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR 2B 23F 3201112338

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/60R15

R:

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

TOYO / YOKO or

Front

R/Bal.

mm

Rear

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

10/18/19

D.O.I.

10/1/2020

Survey held at

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

N/S M

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

Date / Time

Action / Instruction

1

File pass to
Est not ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Fixes

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

> Back to OneMotoring

SLX2446R

7P/Logpac

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	243C
Vehicle Details	
Vehicle No.:	SLX2446R
Vehicle to be Exported:	Yes
Intended Deregistration Date:	13 Aug 2019
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E (AUTO)
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	2NR5200748
Chassis No.:	MR2B23F3201112338
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$13,707.00
Original Registration Date:	21 Mar 2018
First Registration Date:	21 Mar 2018
Transfer Count:	0
Actual ARF Paid:	\$13,707.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Mar 2028
PARF Rebate Amount:	\$10,280.00
Intended COE Rebate Details	
COE Expiry Date:	20 Mar 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$41,400.00
COE Rebate Amount:	\$33,120.00
Total Rebate Amount:	\$43,400.00

The information contained herein is correct as at 13 Aug 2019

OK