

INS. CASE OWNER:

Bennie Tan

CC6/AIG19021235/Aka3

LKK:

IDAC:

ASSIGNMENTSurveyor: **ADRIAN**DOI: **29.11.2019**Date / Time : **29.11.2019**Registered in Merimen: **02.12.2019**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SGU 8379L**Claim No. : **1448956286SG**Name of Insured : **TEO PENG BOON**Policy No. : **1900095643**Insured Tel No. : _____ HP: **+65-90067213**Make / Model : **TOYOTA VIOS**Excess Sec II :S\$ _____ D.O.A : **27.11.2019**Place of Accident : **ECP (AIRPORT TOWARDS CITY)
BEFORE LAMP POST 568**

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

SLR 1046AINSRS:
WSP: **SUCCESS**
Tel : **UNITED**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLR 1046A -X	SGU 8379L - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			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"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<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:	S\$	(days)	Reduction:	%	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time:	Confirm with	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$					
Medical:	S\$					
Disbursement:	S\$	(e.g. Tow/ Independent)			1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$				2) Report Format:	
					3) Survey fee:	
Total:	S\$	Global Sum S\$:				
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
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:

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.

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLR1046A. yr Regn. 2017 July.

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

Truck / Trailer or

Make:

Mit Lancer

C.C. 1590

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

39694.

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JmYSRCYIAGU007215

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60R16.

R:

205/60R16.

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

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

29/11/19.

Survey held at

Success United

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

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

Date / Time

Action / Instruction

TP ALG.

MV:

PV:

Nett.

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Wash (\$

Survey Fee:

Transportation

\$ + \$ \$

Photo

Other

P. 130

Report Format:

Lump Sum / LBR

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 176H

Vehicle Details

Vehicle No.: SLR1046A
Vehicle to be Exported: No
Intended Deregistration Date: 28 Nov 2019
Vehicle Make: MITSUBISHI
Vehicle Model: LANCER EX 1.6 AT LED TAIL LAMP
Primary Colour: Grey
Manufacturing Year: 2017
Engine No.: 4A92CP9648
Chassis No.: JMYSRCY1AGU007215
Maximum Power Output: 86.0 kW (115 bhp)
Open Market Value: \$10,826.00
Original Registration Date: 31 Jul 2017
First Registration Date: 31 Jul 2017
Transfer Count: 1
Actual ARF Paid: \$10,826.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 30 Jul 2027
PARF Rebate Amount: \$8,119.00

Intended COE Rebate Details

COE Expiry Date: 30 Jul 2027
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$50,789.00
COE Rebate Amount: \$38,965.00
Total Rebate Amount: \$47,084.00

The information contained herein is correct as at 28 Nov 2019

OK