15/5/2010

INS. CASE OWNER: CC4/LPC19021358/Kka3

LKK:
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 03.12.2019 Date / Time : 03.12.2019

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBA 9387X Claim No. : 19/19/19/VC00/022723

Name of Insured : YUN ONN COMPANY PL Policy No. : Z/19/VC00/104910

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 29/11/2019 15:25 Place of Accident : BRIGHT HILL DRIVE

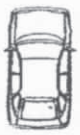
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : MUHAMMAD MOKTAR HOSSAIN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 97281740 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJY 1600L → → →

INSRS:
WSP: K KIM HIN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				STAGE	DATE / PIC
	SJY 1600L - X	GBA 9387X - X		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)	☐ / ☐
				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$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		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:	

ASS. REC. BY: Kenneth | REF: LPC /

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s ICICH N

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJY 1600L Yr Regn: 11.12

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toy Camry 4) Hybrid e.c 2362 2494

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

Sp.Reading 118136 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053CK500 4006782

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/55R17

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	29/4/19	D.O.I.	3/12/19

Survey held at _____

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

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

Date / Time	Action / Instruction
/	File pass To

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	$ + RS. SI
Fixings	
Others	
TOTAL	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	290G
Vehicle Details	
Vehicle No.:	SJY1600L
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Nov 2019
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY HYBRID CVT
Primary Colour:	Black
Manufacturing Year:	2012
Engine No.:	2AR0767931
Chassis No.:	MR053CK5004006782
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	$39,640.00
Original Registration Date:	16 Nov 2012
First Registration Date:	16 Nov 2012
Transfer Count:	1
Actual ARF Paid:	$23,784.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Nov 2022
PARF Rebate Amount:	$14,270.00
Intended COE Rebate Details	
COE Expiry Date:	15 Nov 2022
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	$92,400.00
COE Rebate Amount:	$27,335.00
Total Rebate Amount:	**$41,605.00**

The information contained herein is correct as at 30 Nov 2019

OK