

15/5/2010

INS. CASE OWNER:

Jimmy

CC 4/AIG190 2 1723 / K, K93

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

10/12/19

Date / Time :

09/12/19

Registered in Merimen:

10/12/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBJ 6146 Y

Claim No. :

Name of Insured :

TMC easy PL

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

06/12/2019

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

SGP 86 K



INSRS:

WSP: Alan United Auto

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SGP86K - CS/TP180112A4/Kqbn2 DOA 19/06/18
GBJ 6146 Y - 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)

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:

L/S

S\$ 5700.00

(6

days) Reduction:

3141.52

%

36

Email

Call

FINAL SETTLEMENT

Date/Time:

20/01/2021

Confirm with

SHI JIE

Email

Cal

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

6099.00

W/GST

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

840.00

(\$ 120

x 7

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

7.45

Medical:

S\$

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

(e.g. Tow/ Independent)

2) Report Format:

TP

Legal Cost

S\$

AIG'S INSTRUCTION

3) Survey fee:

\$320.00

Total:

S\$

6946.45

Global Sum S\$:

7000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

S\$

7000.00

Name 1:

ALAN'S UNITED AUTO PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

ASS. REC. BY:

REF:

102/

n723/106

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:

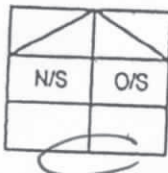
Excess:

(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:

06

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:

SGP 88K

Yr Regn:

05, 15

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

Truck / Trailer or

Make:

Toyota Estima

c.c

2302

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

123182

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ACR50 0188142

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/50R18

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.

6/12/19

D.O.I.

10/12/19

Survey held at

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

1 File pass to

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

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

TOTAL

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 53013461J
Owner ID Type: Business
Owner Name: HUI SHOON CAR RENTAL
Registered Address: 1 SIN MING INDUSTRIAL EST SECTOR C #01-125 SIN MING INDUSTRIAL ESTATE SINGAPORE 575636
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: SGP86K
Previous Vehicle No.: -
Effective Date of Ownership: 27 May 2015
Original Regn Date: 27 May 2015
Registration Date: 27 May 2015
Year of Manufacture: 2015
Vehicle Type: Private Hire (Self-Drive) Station Wagon/Jeep/Land Rover
Vehicle Scheme: -
Vehicle Attachment 1: With Sun Roof
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: TOYOTA
Vehicle Model: ESTIMA AERAS PREMIUM 2.4 CVT
Primary Colour: White
Secondary Colour: -
Passenger Capacity: 6
Chassis No.: ACR500188142
Engine No.: 2AZJ137164
Engine Capacity/Power Rating: 2362 cc / -
Maximum Power Output: 125.0 kW (167 bhp)
Propellant: Petrol
Max Unladen Weight: 1790 kg
Maximum Laden Weight: 2175 kg
Open Market Value: \$30,487.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 May 2025
Minimum PARF Benefit:	\$17,341.00
No. of Transfers:	0
IU Label No.:	1125767492
COE No.:	2015060103000836W
COE Expiry Date:	26 May 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Registration Category:	B - Car above 1600cc or 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium:	\$77,600.00 / -
Actual QP Paid:	\$77,600.00
QP (Regn Cat):	\$77,600.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$77,600.00
Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$10,487.00 (140%)
Actual ARF Paid:	\$34,682.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	207.00 (g/km)
CEVS Rebate Utilised Amount:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category B. This is a public service vehicle.

[Print](#)[OK](#)[Save as PDF](#)