

INS. CASE OWNER:

MERINA CHIA

CC4/FCI20000104/Kda3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI: 31/12/2019

Date / Time : 31/12/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 7151R

Claim No. : D20000053MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-19092579MFSH

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : 26/12/2019 20:30

Place of Accident : STAMFORD ROAD

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

SMQ 1707U

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

Date/ Time	STAGE		DATE / PIC
SMQ 1707U - X	Non-Reporting ltr (1st):		
SHC 7151R - CS/FCI19008210/Etd3n2; DOA: 07.05.19	Non-Reporting ltr (2nd):		
- CC3/AIG12014199/H1g2y; DOA : 18/07/2012	Non-Reporting ltr (Final):		
	Notification ltr (if non-pickup):		
	Call OI:		
	After call ltr to OI:		
	Documentation Check List:		
	Notification ltr (if non-pickup)	Handler	Typist
	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:		
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\$		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:

REF: F02/W4/1cd.

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. _____

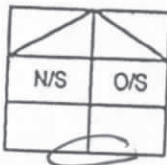
Sum Insured: _____

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: 868k

IDAC Accident Rpt: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: 06 days

Res.: Yes or No

Lum Sum: 1-B.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMQ1707UYr Regn: 10.19Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hondac.c. 1317Colour: M. Gray

A/C: Insured / Std / NI / NA

Sp. Reading: 5674

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK33419753Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 175/70R14

R: _____

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

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 26/12/19D.O.I. 31/12/19

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?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$

Photos

Others

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

TOTAL

Report Format: _____

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	141J
Vehicle Details	
Vehicle No.:	SMQ1707U
Vehicle to be Exported:	Yes
Intended Deregistration Date:	27 Dec 2019
Vehicle Make:	HONDA
Vehicle Model:	FIT 1.3GF PACKAGE
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	L13B3934245
Chassis No.:	GK33419753
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$15,667.00
Original Registration Date:	31 Oct 2019
First Registration Date:	31 Oct 2019
Transfer Count:	0
Actual ARF Paid:	\$5,667.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Oct 2029
PARF Rebate Amount:	\$4,250.00
Intended COE Rebate Details	
COE Expiry Date:	30 Oct 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$34,001.00
COE Rebate Amount:	\$27,200.00
Total Rebate Amount:	\$31,450.00

The information contained herein is correct as at 27 Dec 2019

OK