

INS. CASE OWNER:

CC 4 / III 2000 0 III / R1 ps3

LKK:

IDAC:

Surveyor:

Rashid

DOI:

ASSIGNMENT

2/1/2020

Date / Time:

2/1/2020

Registered in Merimen:

3/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : 6BJ 5799U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 26/12/19

Place of Accident : _____

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

SLA 2487J

INSRS:
WSP: C & C
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	STAGE	DATE / PIC
SLA 2487J : X ; 6BJ 5799U : 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: _____		Post-Repair Photos: ☐	Others: ☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		Email ☐ Call ☐	
Repair Cost: S\$ _____	(_____ days) Reduction: _____ %		
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: _____		

ASSIGNMENT

From:

Date:

2. Jan. 2020

Estimated Cost:

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

To Inspect Vehicle No:

SLQ 2487 J

at Workshop m/s

cycle & carriage

of

209 Pandan Gardens

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:

69k

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

imp'

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLQ 2487 J

Yr Regn:

2017 / Jan

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

Truck / Trailer or

Make:

CITROEN DS4 CROSSBACK 1.6 B c.c. 1560

Colour

GREEN

A/C:

Insured / Std / NI / NA

Sp. Reading

056583

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF 7N XBA ZT 4 Y 54 658

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: 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

Continental

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

26/12/19

D.O.I.

02/01/2020

Survey held at

CXC (PG)

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

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. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Form:

Lump Sum / F.P.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	717J

Vehicle No.:	SLQ2487J
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Jan 2020
Vehicle Make:	CITROEN
Vehicle Model:	DS4 CROSSBACK 1.6 BLUEHDI S&S EAT6
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	10JBHX3006928
Chassis No.:	VF7NXBHZTGY541058
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$25,839.00
Original Registration Date:	30 Jun 2017
First Registration Date:	30 Jun 2017
Transfer Count:	0
Actual ARF Paid:	\$13,175.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jun 2027
PARF Rebate Amount:	\$9,881.00

COE Expiry Date:	29 Jun 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$45,201.00
COE Rebate Amount:	\$33,850.00
Total Rebate Amount:	\$43,731.00

The information contained herein is correct as at 03 Jan 2020

OK

69,000
43,731
25,269
Repair limit 24k