15/5/2010

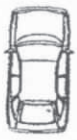
INS. CASE OWNER: MERINA CHIA | CC4/FCI20000571/Aea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 07/01/2020 Date / Time : 06/01/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7248X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 05/01/2020 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**

S 5030TE →

INSRS:
WSP: N-51
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	S 5030TE SHC 7248X NA/AIG20000288/r3; DOA:05.01.2020 - NA/INC18006105/k4; DOA: 02.04.18 - CS/FCI18022683/K1tbn2; DOA: 16.12.18 - CS/FCI16024076/Ath3n2; DOA: 14.12.16

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:	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: FCI

ASSIGNMENT

From: Date: 07/01/2020

Estimated Cost:

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

To Inspect Vehicle No: S 5030 TE

at Workshop m/s N-SI Automotive

of 2 Kaki Bukit Ave 2 #01-18

Insured: Autohub

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (wp)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: S5030TE Yr Regn: 2004 / NOV

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

Make: Mit Grandis c.c 2378

Colour Silver. A/C: Insured / Std / NI / NA

Sp.Reading 98514. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JMYLRNA4W4Z:000677

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/55R17.

R: 215/55R17

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	07/01/20

Survey held at NSI

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

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

Date / Time	Action / Instruction
	TP / 1st Cap.
	MV :
	PV :
	Nett.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. 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:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Foreign Identification Number
Owner ID:	651L
Vehicle Details	
Vehicle No.:	S5030TE
Vehicle to be Exported:	Yes
Intended Deregistration Date:	08 Jan 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	GRANDIS 2.4A
Primary Colour:	Silver
Manufacturing Year:	2004
Engine No.:	4G69KK2855
Chassis No.:	JMYLRNA4W4Z000677
Maximum Power Output:	121.0 kW (162 bhp)
Open Market Value:	$28,085.00
Original Registration Date:	12 Nov 2004
First Registration Date:	12 Nov 2004
Transfer Count:	4
Actual ARF Paid:	$0.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Rebate Amount:	$0.00
Total Rebate Amount:	**$0.00**

The information contained herein is correct as at 08 Jan 2020

OK