

INS. CASE OWNER:

CC 4/A16 2000 0661 1 Kds3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

Kenneth

DOI:

10/1/2020

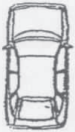
Date / Time :

9/1/2020

Registered in Merimen:

10/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ 6001B

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 8/1/2020

Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age :

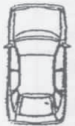
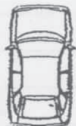
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

GBH 2737D

INSRS:  
WSP: Cheng Hoe  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

GBH 2737D : X ; SMJ6001B : 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:

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: 1761

66111cds3

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. \_\_\_\_\_

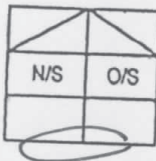
Claims No. \_\_\_\_\_

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: 04 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: GBH 27376 Yr Regn: 04, 18

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

Truck / Trailer or

Make: Toy Dyns c.c. 2882

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

Sp. Reading: 108888 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTFAT 35Y 30K 210082

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: B.S. 175R15X8

R: Falken 155R12X8(17)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 9 mm R/Bal. 55 mm

L/Bal. 9 mm L/Bal. 55 mm

D.O.A. 8/1/20 D.O.I. 10/1/2020

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

Days Of Repair: \_\_\_\_\_

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + R.S. SI

Fees

Others

TOTAL

Report Format :

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



> Back to OneMotoring

for  
Surveyor

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	883C
<b>Vehicle Details</b>	
Vehicle No.:	GBH2737D
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Jan 2020
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	1KD2791889
Chassis No.:	JTFAT35Y30K210082
Maximum Power Output:	-
Open Market Value:	\$27,084.00
Original Registration Date:	09 Apr 2018
First Registration Date:	09 Apr 2018
Transfer Count:	0
Actual ARF Paid:	\$1,355.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	08 Apr 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$29,391.00
COE Rebate Amount:	\$24,241.00
<b>Total Rebate Amount:</b>	<b>\$24,241.00</b>

The information contained herein is correct as at 09 Jan 2020

OK

## Enquire Vehicle & Owner Information ( Vehicle No. SMJ6001B As At 08 Jan 2020 / 17:25:00 )

### Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: CHM-GBH2737

### Current Owner Details

Owner ID Type: Company  
Owner ID: 200402911Z  
Owner Name: BIZLINK RENT-A-CAR PTE. LTD.  
Registered Address Type: Private Residential (non-Condo Apt / non-House)  
Registered Block/House No.: 18  
Registered Street Name: UBI ROAD 4  
Registered Unit No.: # 01 - 11  
Registered Building Name: -  
Registered Postal Code: 408616

### Current Vehicle Details

Vehicle No.: SMJ6001B  
Make Description/Model: HYUNDAI / ACCENT (RB) 1.4 CVT  
Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.