

INS. CASE OWNER:

CC 6/111 2000 0941 / Kps3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

14/1/2020

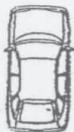
Date / Time :

14/1/2020

Registered in Merimen:

15/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHD 3162 E

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. :

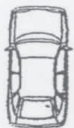
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SMF 9487J



INSRS:

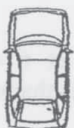
WSP:

Tel :

Liability :

RMKS:

Lai Hwat



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SMF9487J : X	Non-Reporting ltr (1st):	
SHD 3162E : CC4/111/19003736/3pa3q2; DOA: 24/1/19	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: 10Kenneth

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. _____

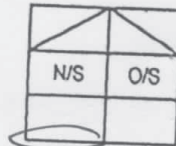
Sum Insured: _____

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: 03 days

Res.: Yes or No

Lum Sum: 1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNI-948JYr Regn: 12, 16.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: NIS Qashgarc.c. 1197Colour: N. Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 50582

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STNI-EAJ-1141800169Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: 215/60R17

R: _____

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

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 8/1/20

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 Jerry will email EST over.

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Add Fee: ☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)

Survey Fee: _____

Transportation: _____

S + RS. \$

Fees

Others

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: 812C

Vehicle Details

Vehicle No.: SMF9487J
Vehicle to be Exported: Yes
Intended Deregistration Date: 08 Jan 2020
Vehicle Make: NISSAN
Vehicle Model: QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Primary Colour: Blue
Manufacturing Year: 2016
Engine No.: HRA2339254A
Chassis No.: SJNFEAJ11U1800169
Maximum Power Output: 85.0 kW (113 bhp)
Open Market Value: \$18,725.00
Original Registration Date: 20 Dec 2016
First Registration Date: 20 Dec 2016
Transfer Count: 1
Actual ARF Paid: \$13,725.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 19 Dec 2026
PARF Rebate Amount: \$10,293.00

Intended COE Rebate Details

COE Expiry Date: 19 Dec 2026
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$48,000.00
COE Rebate Amount: \$33,341.00
Total Rebate Amount: \$43,634.00

The information contained herein is correct as at 08 Jan 2020

OK



Thank you

Lai Mei Ling Deborah has successfully logged out.

Your last login date and time was 08 Jan 2020, 09:26:39.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.↓	Asset Type	Asset ID	Asset Owner ID	Transaction Type
1	Vehicle	SHD3162E	-	18.32 Insurance Enquiry (GIRO Payment
• Log Date/Time 08 Jan 2020 / 09:26:59				

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SHD3162E	08 Jan 2020 / 06:43:00	Successful	I05	INDIA INT'L INS PTE LTD

[Previous](#)[OK](#)