

INS. CASE OWNER: **SALIHA**

CC3/AIG20001132/Qka3

LKK:
IDAC:

ASSIGNMENT

Surveyor: **OI SUN PIN**

DOI: **16/01/2020**

Date / Time: **16/01/2020**

Registered in Merimen: **19/01/2020**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SMA 6440P**
 Name of Insured : **TAN WEI XIANG BRYAN**
 Insured Tel No. : **92381916** HP: **+65-98375332**
 Excess Sec II :S\$ _____ D.O.A : **15/01/2020 09:10**
 Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : **2235064231SG**
 Policy No. : **1800067933-01**
 Make / Model : **TOYOTA VIOS-1.5 (A)**
 Place of Accident : **KPE TUNNEL (MCE)**

If NO, Driver Name / Age :
 Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : % Final ? Yes / No

SHB 1426T



INSRS:
WSP: **SMRT, WL**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC
	SMA 6440P - X	
	SHB 1426T - CC3/AIG18013812/Ghb3q2; DOA: 26.07.18	
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm with: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: **L/S S\$ 1,500** (**3** days) Reduction: **7,431.58/83 %** Email Call

FINAL SETTLEMENT Date/Time: **19/5/2020** Confirm with **Lee Gek** Email Call
 Final Liability: % **0** (Agreed / Assessed) BOLA S/N No. : **28** If NO or B 28, Ass. Lia : **100**

Repair Cost: **S\$ 1,500**
 Loss of Rental (LOR): **S\$ 668.75** (**5** days) X **\$133.75** **6 VEH C.C, OI 2ND**
 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\$ 7.00**
 Medical: S\$
 Disbursement: S\$ (e.g. Tow/ Independent)
 Legal Cost S\$
Total: S\$ 2,175.75 Global Sum S\$: 2,100.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: **S\$ 2,100.00** Name 1: **SMRT TAXIS PTE LTD**
 Payee 2: (Strike if N.A.) S\$ Name 2:
 Payee 3: (Strike if N.A.) S\$ Name 3:

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: **TP**
- 3) Survey fee: **\$320**

ASS. REC. BY: Sump

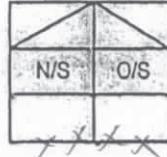
REF: AIG

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: _____ 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: SHB1426T Yr Regn: 13/08/2014
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius c.c. 1795
 Colour: Matoon A/C: Insured / Std / NI / NA
 Sp. Reading: 420.597 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTDKN36U005747560
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brakes: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65 R15
 R: 195/65 R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 15/01/2020 D.O.I. _____
 Survey held at SMRT
 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
	<u>TP</u>
	<u>TAX / 01/20/2063</u>
	<u>SMA 6440P</u>
	<u>SHP 12P</u>
	<u>SLU 1250K</u>
	<u>SKK 69P</u>
	<u>SLL 1538C</u>
	<u>SFR 98C</u>
	<u>SKW 878U</u>
	<u>SJX 2102L</u>

Date/Time, File, Pass to? : Prell. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Rep. Format : _____
 Lump Sum / L.C. / C. _____

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transportation: _____
 Add Fee: : Site Insp (\$ _____) \$ + RS. \$ _____
 : Interview (\$ _____) Photos _____
 : Tech. Invs (\$ _____) Others _____
 : Weekend (\$ _____)
 TOTAL _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHB1426T
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Jan 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR6106549
Chassis No.:	JTDKN36U005747560
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	13 Aug 2014
First Registration Date:	13 Aug 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Aug 2022
PARF Rebate Amount:	\$5,661.00
Intended COE Rebate Details	
COE Expiry Date:	12 Aug 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,088.00
COE Rebate Amount:	\$16,090.00
Total Rebate Amount:	\$21,751.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 17 Jan 2020

OK