

INS. CASE OWNER: RACHEL WU

CC4/FCI20001291/Eea3

LKK:

IDAC:

ASSIGNMENT

Surveyor: STEVE

DOI: 23/01/2020

Date / Time : 21/01/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

X



Insured Vehicle No. : SHC 7900X

Claim No. : D20000488MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-20094921MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40

Excess Sec II : S\$ _____ D.O.A : 17/01/2020 10:45

Place of Accident : ALONG CHANGI ROAD ,OUTSIDE
GEYLANG SERAI MARKETIs driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age : ABDOL RAHIM BIN SELAMAT

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

Driver Tel No. : +65-91704266 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMK 813J

INSRS:
WSP: VOLKSWAGEN
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMK 813J - X		
	SHC 7900X - CS/FCI18009961/Aqd3e2; DOA: 25.05.18	Non-Reporting ltr (1st):	
	- CS/FCI17011241/R1gbe2; DOA: 07.06.17	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\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____

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: _____

1) Claim status: Normal/Reject/Private Settle

2) Report Format: _____

3) Survey fee: _____

Surveyor *Sten*

REF: FCI

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:

(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 Report:

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

Date / Time

Action / Instruction

MV - HSK 87K

Veh No: *SMK 8137*

Yr Regn: *28/2/19*

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

Truck / Trailer or

Make: *S. Koda Superb*

C.C. *1984*

Colour *White*

A/C: Insured / Std / NI / NA

Sp. Reading *10976*

T/Radio: Insured / Std / NI / NA

Eng/No:

Ci No: *TM B80 7N P9K 7016 686*

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: *215/55R17*

R: *1*

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

Front

Rear

R/Bal. *6* mm

R/Bal. *6* mm

L/Bal. *6* mm

L/Bal. *6* mm

D.O.A. *17/1/20*

D.O.I. *23/1/20*

Survey held at

Volkswagen, Alexandra Road

Des. of Damages: Frt / Rear / *O/S* / N/S / U/C / Rooftop or

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

14616.80

Date/Time, File Pass to?

☐ : Proll. Report

Days Of Repair:

1) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip:

2)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

1) \$ + RS. \$1

2) Proll.

3) Others

4)

TOTAL

Report Format :

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	813I
Vehicle Details	
Vehicle No.:	SMK813J
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Jan 2020
Vehicle Make:	SKODA
Vehicle Model:	SUPERB AMBITION 2.0 TSI (A)
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	CHH294592
Chassis No.:	TMBBD7NP9K7016686
Maximum Power Output:	162.0 kW (217 bhp)
Open Market Value:	\$25,976.00
Original Registration Date:	28 Feb 2019
First Registration Date:	28 Feb 2019
Transfer Count:	0
Actual ARF Paid:	\$28,367.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Feb 2029
PARF Rebate Amount:	\$21,275.00
Intended COE Rebate Details	
COE Expiry Date:	27 Feb 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$35,403.00
COE Rebate Amount:	\$32,199.00
Total Rebate Amount:	\$53,474.00

The information contained herein is correct as at 23 Jan 2020

OK