

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

XING GUO QIANG

DOI: 07/02/2020

Date / Time : 07/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

X



Insured Vehicle No. : GBH 806B

Claim No. : _____

Name of Insured : LIANG AND HOW CONTRACTOR PTE LTD

Policy No. : DMCPHQ19-002521

Insured Tel No. : _____ HP: _____

Make / Model : RENAULT KANGOO II EXPRESS 1.5L DCI 90 BH

Excess Sec II :S\$ _____ D.O.A : 09/01/2020 20:05

Place of Accident : PIE EXIT 19 TOWARDS JURONG (BEFORE FLYOVER)

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

If NO, Driver Name / Age : ALI MD OMAR

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

Driver Tel No. : +65-82281103 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

GBH 806B

SLV 2075M

SKF 1613M



INSRS:

WSP:

Tel :

Liability :

RMKS: OI



INSRS:

WSP: INDECO

Tel :

Liability :

RMKS: TP



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLV 2075M - X

GBH 806B - 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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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: EQ

ASSIGNMENT

From:

Date:

4/11/00

Estimated Cost:

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

To Inspect Vehicle No:

SLV 2075 M

at Workshop m/s

Indeco

of

NO 39 Doku Lane 12

Insured:

Policy No.

Claims No.

Sum Insured:

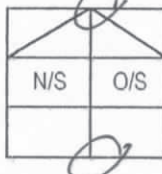
Excess:

(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:

4 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

my

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLV2075M

Yr Regn:

26 Dec 2017

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

Truck / Trailer or

Electric Car

Make:

Blue car

C.C.

Colour

white

A/C: Insured / Std / NI / NA

Sp. Reading

-

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VL4BCB4RH.T003092

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

175/85 R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

07-02-20

Survey held at

w/s

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

Date/Time, File Pass to?



Preli. Report

Days Of Repair:

1)



Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

Lump Sum / LBJ: G

3039.21

217.92

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	259H
Vehicle Details	
Vehicle No.:	SLV2075M
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Feb 2020
Vehicle Make:	BLUECAR
Vehicle Model:	BLUECAR
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	-
Chassis No.:	VL4BCEB4RHT003092
Maximum Power Output:	50.0 kW (67 bhp)
Open Market Value:	\$34,039.00
Original Registration Date:	26 Dec 2017
First Registration Date:	26 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$9,655.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Dec 2027
PARF Rebate Amount:	\$7,241.00
Intended COE Rebate Details	
COE Expiry Date:	25 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
PQP Paid:	\$42,698.00
COE Rebate Amount:	\$33,653.00
Total Rebate Amount:	\$40,894.00

The information contained herein is correct as at 07 Feb 2020

OK