

INS. CASE OWNER:

CC 3 / AIG 2000 2685 / Eks3

IDAC:

ASSIGNMENT

Surveyor:

Steve

DOI:

14/2/2020

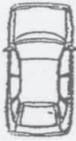
Date / Time :

14/2/2020

Registered in Merimen:

17/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMN1364R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : 16/1/2020

Place of Accident : _____

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

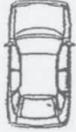
If NO, Driver Name / Age :

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLX5169X



INSRS: WSP: Tan Lim
Tel: _____
Liability : _____
RMKS: _____



INSRS: WSP: _____
Tel: _____
Liability : _____
RMKS: _____



INSRS: WSP: _____
Tel: _____
Liability : _____
RMKS: _____



INSRS: WSP: _____
Tel: _____
Liability : _____
RMKS: _____

Date/ Time

SLX5169X : X ; SMN1364R : 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: \$\$ (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: \$\$

Loss of Rental (LOR): \$\$ (days)

Loss of Use (LOU): \$\$ (\$ x days)

Loss of Income (LOI): \$\$ (\$ x days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search

\$\$

Medical:

\$\$

1) Claim status: Normal/Reject/Private Settle

Disbursement:

\$\$

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

\$\$

3) Survey fee:

Total: \$\$

Global Sum \$\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email Call

Payee 1: \$\$

Name 1:

Payee 2: (Strike if N.A.) \$\$

Name 2:

Payee 3: (Strike if N.A.) \$\$

Name 3:

ASSIGNMENT

From: _____ Date: 14.2.2020

Veh No: SLX 5169X Yr Regn: 29/3/18

Estimated Cost: _____

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

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

Truck / Trailer or _____

To Inspect Vehicle No: SLX 5169X

Make: KIA Carnis c.c. 1685

at Workshop m/s Tan Lim motor

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

of 1 Defu lane 6

Sp. Reading: 164666 T/Radio: Insured / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No. _____

C/No: KNAH14815VJ 7223667

Claims No. _____

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: Inorder / Jammed / Leaked / Burnt or _____

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or _____

Make of Veh: Morning

Modi: Nil / SRim / STD A/Rim or _____

(Policy Condition)

Tyre Size: F: 205/55R16

Remark: **The veh had commenced its repair at the time of inspection.**

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

R: 1

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

Bal. or Market Value: _____

Front 5 mm Rear 5 mm

IDAC Accident Rpt: _____ Consistent? : Yes or No

R/Bal. 5 mm L/Bal. 5 mm

GIA / PR Seen: _____ Consistent? : Yes or No

L/Bal. 5 mm

Est. Repairs: _____ days Res.: Yes or No

D.O.A. 16/1/20 D.O.I. 14/2/20

Lum Sum: _____ % 3 Val.: Yes or No

Survey held at Tan Lim

CA / REV / REP. / 24 HRS mp

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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:	<input type="checkbox"/> : Site Insp (\$ _____)) \$ + RS, SI
	<input type="checkbox"/> : Interview (\$ _____)	
	<input type="checkbox"/> : Tech. Invs (\$ _____)	
	<input type="checkbox"/> : Weekend (\$ _____)	

Report Format : _____

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

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	055D
Vehicle Details	
Vehicle No.:	SLX5169X
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Feb 2020
Vehicle Make:	KIA
Vehicle Model:	CARENS 1.7 DCT DIESEL 5DR FWD
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	D4FDJH550881
Chassis No.:	KNAHU815VJ7203667
Maximum Power Output:	104.0 kW (139 bhp)
Open Market Value:	\$19,435.00
Original Registration Date:	29 Mar 2018
First Registration Date:	29 Mar 2018
Transfer Count:	0
Actual ARF Paid:	\$19,435.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Mar 2028
PARF Rebate Amount:	\$14,576.00
Intended COE Rebate Details	
COE Expiry Date:	28 Mar 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$42,322.00
COE Rebate Amount:	\$34,380.00
Total Rebate Amount:	\$48,956.00

The information contained herein is correct as at 13 Feb 2020

OK