

INS. CASE OWNER:

ASSIGNMENTSurveyor: OI SUN PINDOI: 21/02/2020Date / Time: 21/02/2020Registered in Merimen: **Pre-assign / CCU / FTE**Insured Vehicle No. : GBJ 5408ZClaim No. : Name of Insured : Policy No. : Insured Tel No. : HP: Make / Model : Excess Sec II :S\$ D.O.A : 06.02.2020 21:00Place 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****SMB 114R**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	
SMB 114R - CC3/AXA14002153/R1ey3c3 ; 19/01/2014 CC3/MSG15021456/K1qbd1 ; 20/11/2015 GBJ 5408Z - X	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 type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input 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 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: <u> </u> Sent By: <u> </u>			
FINALIZATION Date/Time: <u> </u> Confirm with: <u> </u> Confirm by: <u> </u>			
Repair Cost: S\$ <u> </u> (<u> </u> days) Reduction: <u> </u> % Email <input type="checkbox"/> Call <input type="checkbox"/>			
FINAL SETTLEMENT Date/Time: <u> </u> Confirm with: <u> </u> Email <input type="checkbox"/> Call <input type="checkbox"/>			
Final Liability: % (Agreed / Assessed) BOLA S/N No. : <u> </u> If NO or B 28, Ass. Lia : <u> </u>			
Repair Cost: S\$ <u> </u>			
Loss of Rental (LOR): S\$ <u> </u> (<u> </u> days)			
Loss of Use (LOU): S\$ <u> </u> (\$ <u> </u> x <u> </u> days)			
Loss of Income (LOI): S\$ <u> </u> (\$ <u> </u> x <u> </u> days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ <u> </u>			
Medical: S\$ <u> </u>			
Disbursement: S\$ <u> </u> (e.g. Tow/ Independent)			
Legal Cost S\$ <u> </u>			
Total: S\$ <u> </u> Global Sum S\$: <u> </u> Email <input type="checkbox"/> Call <input type="checkbox"/>			
FINAL PAYMENT Date/Time: <u> </u> Confirm with: <u> </u>			
Payee 1: S\$ <u> </u> Name 1: <u> </u>			
Payee 2: (Strike if N.A.) S\$ <u> </u> Name 2: <u> </u>			
Payee 3: (Strike if N.A.) S\$ <u> </u> Name 3: <u> </u>			

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	292D
Vehicle Details	
Vehicle No.:	SMB114R
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Feb 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	OC500LE1830H
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	45796600172746
Chassis No.:	WEB63442021000244
Maximum Power Output:	-
Open Market Value:	\$328,000.00
Original Registration Date:	18 Sep 2009
First Registration Date:	18 Sep 2009
Transfer Count:	0
Actual ARF Paid:	\$16,400.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 24 Feb 2020

OK