

INS. CASE OWNER:

CC 4 / ALG 2000 3521 / Kds3

ASSIGNMENT

Surveyor:

Kenneth

DOI:

2/3/2020

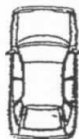
Date / Time :

2/3/2020

Registered in Merimen:

3/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMN 4202E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 17/11/2019

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. :

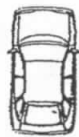
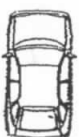
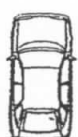
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SJZ1787B

INSRS:
WSP: K.kim Hin
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SJZ1787B : X ; SMN 4202E : 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:

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\$

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: 416/

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: _____

03 days

Res.: Yes or No

Lum Sum: _____

18.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: STZ 1787BYr Regn: 09, 15Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyotac.c. 1986Colour: M. Silver

A/C: _____

Insured / Std / NI / NA

Sp. Reading: 54.744

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

ESU 60 0652303Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD / RIM or

Tyre Size: _____

F: _____

235/60R18

R: _____

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

Front

Rear

R/Bal. _____

7 mm

R/Bal. _____

8 mm

L/Bal. _____

7 mm

L/Bal. _____

8 mmD.O.A. 17/11/19D.O.I. 2/3/2020

Survey held at _____

Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop orN/S Rec

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

Date / Time

Action / Instruction

1 EH not ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fees

Others

TOTAL

Report Format :

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

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	434D
Vehicle Details	
Vehicle No.:	SJZ1787B
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Nov 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER 2.0 PREMIUM AT AIRBAG 2WD
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	3ZRB609541
Chassis No.:	ZSU600052303
Maximum Power Output:	111.0 kW (148 bhp)
Open Market Value:	\$27,978.00
Original Registration Date:	23 Sep 2015
First Registration Date:	23 Sep 2015
Transfer Count:	1
Actual ARF Paid:	\$26,170.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Sep 2025
PARF Rebate Amount:	\$19,627.00
Intended COE Rebate Details	
COE Expiry Date:	22 Sep 2025
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$61,010.00
COE Rebate Amount:	\$35,656.00
Total Rebate Amount:	\$55,283.00

The information contained herein is correct as at 18 Nov 2019

OK