

INS. CASE OWNER:

CC6 / AIG20003796 1A 93

ASSIGNMENT

Surveyor:

Adrian

DOI:

9/3/2020

Date / Time:

9/3/2020

Registered in Merimen:

10/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMP 1810J

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS

D.O.A : 8/3/2020

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

SLF 2990E

INSRS:
WSP: NEW HOCK
Tel :
Liability : TECK MOTOR
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLF 2990E - X	Non-Reporting ltr (1st):	
	SMP 1810J - X	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\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S\$		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:

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Veh No: SLF2990E Yr Regn: 2016 AugustType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel C.C. 1496Colour: White A/C: Insured / Std / NI / NASp. Reading: 72707 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU1117696Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModif: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60 R16R: 215/60 R16

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

TOYO / YOKO or Otani

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 09/03/20Survey held at NHTDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orFront o/s, u/c

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

Date / Time Action / Instruction

TP AIG

MV:

PV:

Nett:

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$)

S + RS. \$

☐ : Interview (\$)

Photos

☐ : Tech. Invs (\$)

Others

☐ : Weekend (\$)

TOTAL

Report Format: _____

Lump Sum / L.R.I. (\$)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 460H

Vehicle Details

Vehicle No.: SLF2990E
Vehicle to be Exported: No
Intended Deregistration Date: 09 Mar 2020
Vehicle Make: HONDA
Vehicle Model: VEZEL 1.5X CVT
Primary Colour: White
Manufacturing Year: 2016
Engine No.: L15B4037701
Chassis No.: RU11117696
Maximum Power Output: 96.0 kW (128 bhp)
Open Market Value: \$20,054.00
Original Registration Date: 22 Aug 2016
First Registration Date: 22 Aug 2016
Transfer Count: 2
Actual ARF Paid: \$10,076.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 21 Aug 2026
PARF Rebate Amount: \$7,557.00

Intended COE Rebate Details

COE Expiry Date: 21 Aug 2026
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$52,301.00
COE Rebate Amount: \$33,728.00
Total Rebate Amount: \$41,285.00

The information contained herein is correct as at 09 Mar 2020

OK