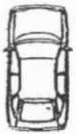


INS. CASE OWNER:

CC3/III20004109/Kpa3

LKK:

IDAC:

**ASSIGNMENT**Surveyor: **KENNETH**DOI: **16/03/2020**Date / Time : **16/03/2020**Registered in Merimen: **17/03/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SH 8773H**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$\$ \_\_\_\_\_ D.O.A : **11/03/2020**

Place of Accident : \_\_\_\_\_

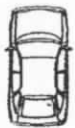
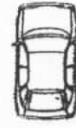
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

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****SHB 9988K**INSRS:  
WSP: **TRANS CAB**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHB 9988K - X	
	SH 8773H - CC3/AIC10008264/Cbn 26/04/2010	
	CC3/AXA13002399/H1edc3 02/02/2013	
	CC4/III18019965/Apa3q2 29/10/2018	
	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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
15/10/2021	Pls refer to VIEWS for details.	

<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		Confirm by: _____
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____	Confirm by: _____	
Repair Cost: <b>P/P</b> S\$ <b>5,514.42</b> ( <b>5</b> days) Reduction: <b>79</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: <b>15/10/2021</b> Confirm with <b>Wai Yin</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b> S\$ <b>5,900.43</b>		
Loss of Rental (LOR): S\$ <b>1,434.87</b> ( <b>9</b> days) x S\$159.43		
Loss of Use (LOU): S\$ ( \$ x days)		
Loss of Income (LOI): S\$ ( \$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$		
Disbursement: S\$ (e.g. Tow/ Independent )		
Legal Cost S\$		
<b>Total:</b> S\$ <b>7,335.30</b> <b>Global Sum S\$: 7,300.00</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <b>7,300.00</b> Name 1: <b>Trans Cab Auto Services Pte Ltd</b>		
Payee 2: (Strike if N.A.) S\$ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ Name 3: _____		

1) Claim status: Normal/Reject/Private Settle

2) Report Format: **TP**3) Survey fee: **\$600.00**

ASS. REC. BY:

REF: Ty /

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Trans Cab

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

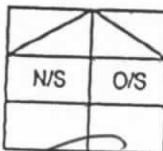
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: 3-5 days Res.: Yes or NoLum Sum: 1.12 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: S1439988K Yr Regn: 11 19

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

Truck / Traller or

Make: Toy Alpha c.c. 2493Colour: M.P. White A/C: Insured / Std / NI / NASp. Reading: 29836 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: AYH30 0090081Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / RIM or

Tyre Size: F: 215/65R16

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 11/3/20

Rear

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 16/3/2020

Survey held at \_\_\_\_\_

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

1 Est 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: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

Report Format :

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

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	878K
<b>Vehicle Details</b>	
Vehicle No.:	SHB9988K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	12 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	ALPHARD HYBRID 7-SEATER 2.5X CVT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	2AR2222555
Chassis No.:	AYH300090081
Maximum Power Output:	145.0 kW (194 bhp)
Open Market Value:	\$50,506.00
Original Registration Date:	22 Nov 2019
First Registration Date:	22 Nov 2019
Transfer Count:	0
Actual ARF Paid:	\$62,911.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Nov 2027
PARF Rebate Amount:	\$47,183.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	21 Nov 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,933.00
COE Rebate Amount:	\$20,746.00
<b>Total Rebate Amount:</b>	<b>\$67,929.00</b>
<b>Message</b>	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 12 Mar 2020

OK