LKK:

IDAC:

CC6/CTI20004110/Kea3
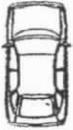
INS. CASE OWNER:

ASSIGNMENT

Surveyor: **KENNETH**   DOI: _16/03/2020_   Date / Time : _16/03/2020_

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No.   :   **XE 3606Y**   Claim No.   :   _____

Name of Insured   :   _____   Policy No.   :   _____

Insured Tel No.   :   _____ HP: _____   Make / Model   :   _____

Excess Sec II :S$ D.O.A : _14/03/2020_   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**
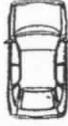
SJD 4227Y ———→ _____ ———→ _____ ———→ _____ ———→

| INSRS: WSP: **ALAN'S UNITED** Tel : **AUTO** Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: |

Date/ Time			
	SJD 4227Y - X	**STAGE**	**DATE / PIC**
		Non-Reporting ltr (1st):	
	XE 3606Y - CC3/CTI19011819/K1ea3 02/07/2019	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 ☐

			If NO or B 28, Ass. Lia :
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
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: *C72 /*

Kenneth

ASSIGNMENT

From: _____ Date: _____	Veh No: *SJD 4227Y* Yr Regn: *03, 08*
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 *S.Wagon*
To Inspect Vehicle No: _____	Make: *Toy Wish* (A) c.c *1794*
at Workshop m/s *Alan's*	Colour *M.Silver* A/C: Insured / Std / NI / NA
of _____	Sp.Reading *270027* T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No: _____
Policy No. _____	C/No: *ZNE10· 0390844*
Claims No. _____	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: _____	Steering: Inorder / Jammed / Leaked / Burnt or
Excess: _____	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Modl : NII / S/Rim / STD A/Rim or
Make of Veh: _____	Tyre Size: F: *195/65R15*

(Policy Condition)

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

Bal. or Market Value: *$ 23k*

IDAC Accident Rport: ____ Consistent? : Yes or No	R: _____
GIA / PR Seen: ____ Consistent? : Yes or No	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or *Viking*

N/S	O/S

Est. Repairs: *08* days Res.: Yes or No	**Front**		**Rear**
Lum Sum: *20* % 3 Val.: Yes or No	R/Bal. *9* mm		R/Bal. *9* mm
CA / REV / REP. / 24 HRS	L/Bal. *9* mm		L/Bal. *9* mm
	D.O.A. *18/3/20*		D.O.I. *16/3/2020*

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Date/Time, File Pass to? ☐ : Prell. Report		
1) _____ ☐ : Final Report	Days Of Repair: _____	
Date/Time, File Return to?	Resurvey No. of Trip: _____	Survey Fee:
2) _____		Transportation:
	Add Fee: ☐ : Site Insp ($ ____)	__ S + RS.__ SI
	☐ : Interview ($ ____)	Fixtos
Report Format :	☐ : Tech Invs ($ ____)	Others
Lump Sum / I.B.I: ($ ____)	☐ : Weekend ($ ____)	TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	548Z
Vehicle Details	
Vehicle No.:	SJD4227Y
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 A
Primary Colour:	Silver
Manufacturing Year:	2007
Engine No.:	1ZZ3011184
Chassis No.:	ZNE100390844
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	$17,822.00
Original Registration Date:	20 Mar 2008
First Registration Date:	20 Mar 2008
Transfer Count:	1
Actual ARF Paid:	$17,822.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	19 Mar 2023
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	$22,499.00
COE Rebate Amount:	$13,523.00
Total Rebate Amount:	$13,523.00
Message	

Please note that the 5-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 17 Mar 2020

OK