

INS. CASE OWNER:

CC 3 / AIG 2000 4141 / Khs3

LKK:  
IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

10/3/2020

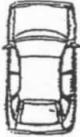
Date / Time:

10/3/2020

Registered in Merimen:

12/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJN 7078 M

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

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

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

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

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

Excess Sec II :SS \_\_\_\_\_ D.O.A : 5/3/2020

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

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

If NO, Driver Name / Age :

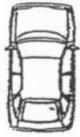
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

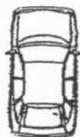
(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHB9911G



INSRS:  
WSP: Trans-cab  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

SHB9911G : CC3 / AIG 1900 / 1146 / Khs352 : DDA : 9/1/19  
SJN 7078 M : NA / INC 2000 4141 / W1 : DDA : 28/2/12

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:	
<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
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: \_\_\_\_\_ 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\$ \_\_\_\_\_

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: AG1

Kenneth

### ASSIGNMENT

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

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Trans Cab

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

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

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

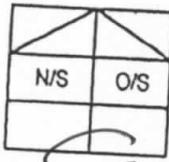
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: 5-6 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: S14B 99116 Yr Regn: 01, 20

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

Truck / Trailer or

Make: Toy Alphard c.c. 2493

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 12372 T/Radio: Insured / Std / NI / NA

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

C/No: AY1430 · 0095317

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rlm / STD A/Rlm or

Tyre Size: F: 215/65R18

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

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

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 5/3/20

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

Rear

R/Bal. 9 mm

L/Bal. 9 mm

D.O.I. 10/3/2020

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 GIA & EM not ready  
Got injury

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

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. SI \_\_\_\_\_

Fuel/OS \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

Report Format :

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHB9911G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	ALPHARD HYBRID 7-SEATER 2.5X CVT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	2AR2298371
Chassis No.:	AYH300095317
Maximum Power Output:	145.0 kW (194 bhp)
Open Market Value:	\$49,087.00
Original Registration Date:	17 Jan 2020
First Registration Date:	17 Jan 2020
Transfer Count:	0
Actual ARF Paid:	\$60,722.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Jan 2028
PARF Rebate Amount:	\$45,541.00
Intended COE Rebate Details	
COE Expiry Date:	16 Jan 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,895.00
COE Rebate Amount:	\$20,716.00
<b>Total Rebate Amount:</b>	<b>\$66,257.00</b>
Message	
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 06 Mar 2020

OK