

INS. CASE OWNER:

CC 6 / AIG 2000 4185 / Ahs3

Surveyor:

Adrian

DOI:

ASSIGNMENT

17/3/2020

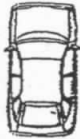
Date / Time:

17/3/2020

Registered in Merimen:

18/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBD 3115 M

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

16/3/2020

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:

%

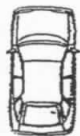
Final ? Yes / No

YN 7282L

SSM 9663R

GBD 3115 M

GBH 4529A



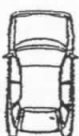
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS: (01)



INSRS:

WSP: SM Automotive

Tel:

Liability:

RMKS: (TP)

Date/ Time

GBH 4529A : X ; GBD 3115 M : 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\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Company
Owner ID: 654C

Vehicle Details

Vehicle No.: GBH4529A
Vehicle to be Exported: No
Intended Deregistration Date: 16 Mar 2020
Vehicle Make: TOYOTA
Vehicle Model: HIACE VAN TURBO 5DR MT
Primary Colour: Silver
Manufacturing Year: 2018
Engine No.: 1KD2806213
Chassis No.: JTFHT02P500243072
Maximum Power Output: -
Open Market Value: \$28,138.00
Original Registration Date: 08 Jun 2018
First Registration Date: 08 Jun 2018
Transfer Count: 0
Actual ARF Paid: \$1,407.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 07 Jun 2028
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
PQP Paid: \$21,992.00
COE Rebate Amount: \$18,091.00
Total Rebate Amount: \$18,091.00

The information contained herein is correct as at 16 Mar 2020

OK