CC3/III20004186/Kga3

LKK:
IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: KENNETH   DOI: 17/03/2020   Date / Time: 17/03/2020

Registered in Merimen: 18/03/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 3511L   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 :

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

If **NO**, Driver Name / Age :

Driver Tel No. :   (V/L: YES / NO)   Insured Liability : % **Final ? Yes / No**

SHB 7822T →   →   →

INSRS:
WSP:TRANS CAB
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 7822T - CC3/AXA14023962/Kwa3n2 25/12/2014	Non-Reporting ltr (1st):	
	CC3/AXA14023962/Kwa3q2-1 25/12/2014	Non-Reporting ltr (2nd):	
	CC3/FCI15018249/Kqbc2 23/10/2015	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	SHC 3511L - X	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: P/P S$ 3293.88 (2 days) Reduction: 22,196.57% 87   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 05/06/2020 Confirm with WAI YIN   Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 22   If NO or B 28, Ass. Lia :

Repair Cost: (W/GST) S$ 3524.45

Loss of Rental (LOR): S$ 288.90 (3 days) x $96.30

Loss of Use (LOU): S$ ($ x days)

Loss of Income (LOI): S$ 120.00 ($ 40 x 3 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: TP

Legal Cost S$ 3) Survey fee: $600.00

Total: S$ 3933.35   **Global Sum S$:**

FINAL PAYMENT Date/Time: Confirm with: Email ✓ Call ☐

Payee 1: S$ 3933.35   Name 1: Trans Cab Auto Services Pte Ltd

Payee 2: (Strike if N.A.) S$ Name 2:

Payee 3: (Strike if N.A.) S$ Name 3:

Kenneth

ASSIGNMENT

From: _____ Date: _____	Veh No: SHB 7822T Yr Regn: 08, 19
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
To Inspect Vehicle No: _____	Make: Toy Prvs c.c 1798
at Workshop m/s Trans Cab	Colour N.P. White / Rw A/C: Insured / Std / NI / NA
of _____	Sp.Reading 53293 T/Radio: Insured / Std / NI / NA
Insured: _____	Eng/No: _____
Policy No. _____	C/No: JTDKB3FU10·3083452
Claims No. _____	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or _____
Make of Veh: _____	Modi: NII / S/RIm / STD A/RIm or _____

Tyre Size: F: 195/65R15

R: _____

(Policy Condition)

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

N/S	O/S

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

Bal. or Market Value: _____

Front		Rear	
R/Bal.	3 mm	R/Bal.	2 mm
L/Bal.	3 mm	L/Bal.	2 mm

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days   Res.: Yes or No

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

D.O.A. 14/3/20

D.O.I. 17/3/2020

Survey held at _____

CA / REV / REP. / 24 HRS

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

N/S Rr

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
/	$3293.88

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 ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation:

S - RS._ SI

Fixed

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHB7822T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	16 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2C52930
Chassis No.:	JTDKB3FU103083452
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	$26,605.00
Original Registration Date:	30 Aug 2019
First Registration Date:	30 Aug 2019
Transfer Count:	0
Actual ARF Paid:	$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Aug 2027
PARF Rebate Amount:	$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	29 Aug 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	$23,463.00
COE Rebate Amount:	$18,770.00
Total Rebate Amount:	**$29,455.00**
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 16 Mar 2020

OK