

INS. CASE OWNER:

CC4/AIG20004201/1ha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Taufik

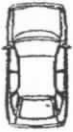
DOI:

17/3/2020

Date / Time : 17/3/2020

Registered in Merimen: 18/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKR 4845C

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

SLR 2282C

INSRS:
WSP: EM-1 AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLR 2282C - X	Non-Reporting ltr (1st):	
SKR 4845C - X	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"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: S\$	(days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
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 <input 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\$		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\$:	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL PAYMENT Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$	Name 1:	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	

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

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	792C
Vehicle Details	
Vehicle No.:	SLR2282C
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	C-HR HYBRID 1.8S CVT
Primary Colour:	Green
Manufacturing Year:	2017
Engine No.:	2ZR8149120
Chassis No.:	ZYX102056249
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,811.00
Original Registration Date:	03 Aug 2017
First Registration Date:	03 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Aug 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	02 Aug 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,001.00
COE Rebate Amount:	\$36,895.00
Total Rebate Amount:	\$40,645.00

The information contained herein is correct as at 16 Mar 2020

OK