15/5/2010

INS. CASE OWNER: | CC 4/III1901 4965 / F e S3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Ram   DOI: 10/1/2020   Date / Time : 23/8/19.

Registered in Merimen: 26/8/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 8201Z   Claim No. : MCCU9V6UI0S

Name of Insured : CTDL   Policy No. : MCOMP015

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

Excess Sec II :S$ D.O.A : 5/6/19.   Place of Accident : ORCHARD RD CROSS GRANGE RD

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

If **NO**, Driver Name / Age : WANG SWEE MAN'   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

GBF 6239J → ______ → ______ → ______

INSRS: WSP: Tel : Liability : RMKS: Efficient wyng	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	GBF6239J } [illegible] 5/6/19 SHC8201Z
	Request CCTV From III
	Receive CCTV From III
	Seek liability via Merimen
24.02.20	INFORM III CLAIMANT DID NOT SENT IN FOR REPAIR.
	CANCLE CASE DUE TO NO SURVEY DONE.

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$ (S x days)	
Loss of Income (LOI):	S$ (S x days)	
LOR only ☐	LOU only ☐ LOR + LOU ☐ LOR + LO ☐ **[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: Ram | REF:

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: GBF 6239 J Yr Regn: 09/01/2017

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

Make: mitsubishi FUSO canter c.c 2998

Colour white A/C: Insured / Std / NI / NA

Sp.Reading 102,912 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: TEAU1BA20279

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 195/15

R: 165/13r

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	6/6 mm
L/Bal.	7 mm	L/Bal.	6/6 mm
D.O.A.	05/06/19	D.O.I.	10/1/2020

Survey held at efficient motor

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

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

Date / Time	Action / Instruction
	Range : $1000-$2500.
	Repair days : 3 repair days (111)
	Part by Part Repair: $900 with 3 repair day confirm on 18/3/2020 with Alex
	MV : $64528
	PV : $31941
	NV : $32587/=

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / E.I. / :

Survey Fee:	
Transportation:	
$ + RS. SI	
Photos	
Others	
TOTAL	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	635R
Vehicle Details	
Vehicle No.:	GBF6239J
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jan 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEA01BR2SDEB (CBU)
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	4P10C25399
Chassis No.:	FEA01BA20279
Maximum Power Output:	-
Open Market Value:	$30,256.00
Original Registration Date:	09 Jan 2017
First Registration Date:	09 Jan 2017
Transfer Count:	0
Actual ARF Paid:	$1,513.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	08 Jan 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	$45,718.00
COE Rebate Amount:	$31,941.00
Total Rebate Amount:	**$31,941.00**

The information contained herein is correct as at 13 Jan 2020

DOR: 05/06/19 (7y 7m 3days)(91.1)
Depri: $8500 $708.33
91.1 X $708.33
= $64528.86

OK