

INS. CASE OWNER:

CC 3 / A/G 2000 4251 / Ghs3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

Guo Qiang

DOI:

18/3/2020

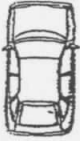
Date / Time:

18/3/2020

Registered in Merimen:

19/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SML 6839R

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

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

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

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

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

Excess Sec II : SS D.O.A : 14/3/2020

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

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

If NO, Driver Name / Age : \_\_\_\_\_

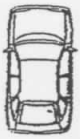
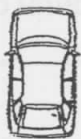
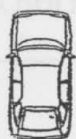
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SFW 91094

INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SFW 91094 : X ; SML 6839R : 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)	<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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:		
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S\$	( days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	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:		
<b>Total:</b>	S\$	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>	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:		

ASS. REC. BY:

REF: A19

## ASSIGNMENT

From:

Date: 18.3.2020

Estimated Cost:

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

To Inspect Vehicle No: SFW 9109U

at Workshop m/s Tan Lim

of No 1 Dehu Lane 6

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

morning

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

my

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SFW 9109U

Yr Regn:

25 SEP 2008

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

Truck / Trailer or

Make:

Toyota Estima 24Xc 2362

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

182877

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

ACR 507067359

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/50 R18

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

18-03-20

Survey held at

w/s

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

18/3

Finalized \$400 with Tan Lim.

Date/Time, File Pass to?

☐

: Preli. 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 (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.L. (\$

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

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	493F
<b>Vehicle Details</b>	
Vehicle No.:	SFW9109U
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	ESTIMA 2.4X A
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	2AZF181435
Chassis No.:	ACR507067359
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$26,106.00
Original Registration Date:	25 Sep 2008
First Registration Date:	25 Sep 2008
Transfer Count:	2
Actual ARF Paid:	\$26,106.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	24 Sep 2028
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$33,377.00
COE Rebate Amount:	\$28,435.00
<b>Total Rebate Amount:</b>	<b>\$28,435.00</b>

The information contained herein is correct as at 17 Mar 2020

OK

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Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	24 Sep 2028
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$33,377.00
COE Rebate Amount:	\$28,426.00
<b>Total Rebate Amount:</b>	<b>\$28,426.00</b>

The information contained herein is correct as at 18 Mar 2020

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