

INS. CASE OWNER: meringCC4/FCI20004439/ E ea3

LKK:

IDAC:

ASSIGNMENTSurveyor: STWDOI: 26/3/2020

Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SHB 2138TClaim No. : D20001594MFSHName of Insured : CITYCAB PTE LTDPolicy No. : D-20094921MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40-1.7 D CRDI (A)Excess Sec II :S\$ _____ D.O.A : 17/03/2020Place of Accident : ENG TENG FONG HOSPITAL TOWER C GATEWAY

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****SLP 1930H**INSRS:
WSP: CHARN'S
Tel : CUSTOMCRAFT
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SLP 1930H - X	Non-Reporting ltr (1st):	
	SHB 2138T - 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"/> <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"/>

PRELIMINARY ADVICE		Date/Time: _____	Sent By: _____	Confirm 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\$ _____			
Disbursement:	S\$ _____	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$ _____	2) Report Format:		
		3) Survey fee:		
Total:	S\$ _____	Global Sum S\$:		
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:		

ASS. REC. BY:

Steve

REF:

FC1

ASSIGNMENT

From:

Date:

26.3.2020

Estimated Cost:

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

To Inspect Vehicle No:

SLP 1930H

at Workshop m/s

Cham's Customcraft

of

BK 1010 Bukit morah lang 3 # 01-105

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Amar 1pm

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

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

mp

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLP 1930H

Yr Regn:

29/5/17

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

Truck / Trailer or

Make:

Toyota wish

c.c

1798

Colour

Gttr Maroon

A/C:

Insured / Std / NI / NA

Sp. Reading

271488

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JT 06620W60J097104

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

1

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

17/3/20

D.O.I.

26/3/20

Survey held at

Cham's

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

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

Date / Time

Action / Instruction

MK-76K

Date/Time, File Pass to?



: Preli. Report



: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S+RS, SI

Photos

Others

TOTAL

Report Format :

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

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	269B
Vehicle Details	
Vehicle No.:	SLP1930H
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 CVT
Primary Colour:	Red
Manufacturing Year:	2017
Engine No.:	2ZR1957756
Chassis No.:	JTDGG20W60J007104
Maximum Power Output:	105.0 kW (140 bhp)
Open Market Value:	\$19,955.00
Original Registration Date:	29 May 2017
First Registration Date:	29 May 2017
Transfer Count:	0
Actual ARF Paid:	\$19,955.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 May 2027
PARF Rebate Amount:	\$14,966.00
Intended COE Rebate Details	
COE Expiry Date:	28 May 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$54,406.00
COE Rebate Amount:	\$39,020.00
Total Rebate Amount:	\$53,986.00

The information contained herein is correct as at 26 Mar 2020

OK