15/5/2010

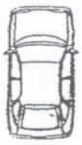
INS. CASE OWNER: Sundai | CC 4/ III170 22882 / K ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 4-12-17 Date / Time : 1/12/17 1/12/17

Registered in Merimen:

Pre-assign / CCU / FTE SHD 4983X



Insured Vehicle No. : Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 29/11/17 Place of Accident :

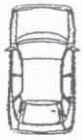
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

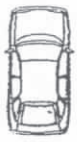
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SGM 33234 → → →

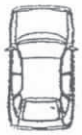
INSRS:
WSP: Mam
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGM 33234 - X ; SHD 4983 X - 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)		
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$ ($ x days)		
Loss of Income (LOI):	S$ ($ x 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:
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:	

Surveyor

REF: III

ASSIGNMENT

From: Date: 04.12.2017

Estimated Cost:

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

To Inspect Vehicle No: SGM 3323Y

at Workshop m/s MBM Wheelpower

of Sin Ming

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: Joseph

1pm

(Policy Condition)

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

N/S	O/S

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGM 3323Y Yr Regn: 12 08

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

Make: Mr (A) E250 CGi c.c 1796

Colour: M. Black A/C: Insured / Std / NI / NA

Sp.Reading 211584 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD 2120472A 081822

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: 245/40R18

R: 265/35R18

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

Front			Rear		
R/Bal.	7	mm	R/Bal.	7	mm
L/Bal.	7	mm	L/Bal.	7	mm
D.O.A.	24/11/17		D.O.I.	4/12/17	

Survey held at ✓

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

O/S Rear body

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

Date / Time	Action / Instruction
5/12	File pass to Cashmin

Date/Time. File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp ($) S + RS SI

☐ Interview ($) Photos

☐ Tech. Invs ($) Others

☐ Weekend ($)

TOTAL

Report Format:

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Singapore NRIC
Owner ID	1067G

Vehicle Details

Vehicle No.	SGM3323Y
Vehicle to be Exported	No
Intended De-registration Date	28 Nov 2017
Vehicle Make	MERCEDES BENZ
Vehicle Model	E250 CGI A
Primary Colour	Black
Manufacturing Year	2009
Engine No.	27186030001770
Chassis No.	WDD2120472A081822
Maximum Power Output	150.0 kW (201 bhp)
Open Market Value	$44,501.00
Original Registration Date	28 Dec 2009
First Registration Date	28 Dec 2009
Transfer Count	0
Actual ARF Paid	$44,501.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	27 Dec 2019
PARF Rebate Amount	$26,700.00

Intended COE Rebate Details

COE Expiry Date	27 Dec 2019
COE Category	B - Car (1601cc & above)
COE Period(Years)	10
QP Paid	$17,889.00
COE Rebate Amount	$3,717.00
Total Rebate Amount	**$30,417.00**

The information contained herein is correct as at 28 Nov 2017

OK