15/5/2010

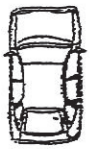
INS. CASE OWNER: Shawn | CC4 / AIG1702 3472 / 203 | LKK: | IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 11/12/17 Date / Time: 11/12/17

Registered in Merimen: 11/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : GBF 7873X Claim No. : 8974052237SG

Name of Insured : IDBOX (S) PTE LTD Policy No. : 2100502926

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 08/12/17 Place of Accident :

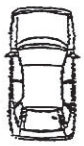
Is driver the owner? (YES / NO) Nature of Accident :

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

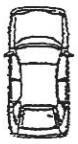
Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SJY 4640B → → →

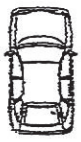
INSRS:
WSP: City Auto
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJY 4640B - CC3/AIG1201734B/ASG2W2 DOA: 3/08/12
	- CS/EQI 10025578/LAGA DOA: 18/12/10
	GBF 7873X - 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:	

ASS. REC. BY:

REF: AG-1

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s City Auto

of 160

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.**

N/S	O/S

Bal. or Market Value: $ 32k

IDAC Accident Rport: _____ Consistent? : **Yes** or **No**

GIA / PR Seen: _____ Consistent? : **Yes** or **No**

Est. Repairs: _____ days Res.: **Yes** or **No**

Lum Sum: 70 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SGY 4640 B Yr Regn: 10 / 08

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

Make: Audi A5 c.c 1798

Colour Lt. Black A/C: **Insured** / **Std** / **NI** / **NA**

Sp.Reading 143497 T/Radio: **Insured** / **Std** / **NI** / **NA**

Eng/No: _____

C/No: WAUZZZ8T89A015074

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: _____

R: 245/40R18

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	6 mm
L/Bal.	4 mm	L/Bal.	6 mm
D.O.A.	8/12/17	D.O.I.	19/12/17

Survey held at ✓

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

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

Date / Time	Action / Instruction
12/12	File pass to Cashier

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 / I.B.I: ($)

Survey Fee

Transportation

__ S + RS __ SI

Photos

Others

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Singapore NRIC
Owner ID	9430B
Vehicle Details	
Vehicle No.	SJY4640B
Vehicle to be Exported	No
Intended De-registration Date	12 Dec 2017
Vehicle Make	AUDI
Vehicle Model	A5 1.8T FSI MU CVT ABS D/AB HID P-SR 2DR
Primary Colour	Black
Manufacturing Year	2008
Engine No.	CAB033364
Chassis No.	WAUZZZ8T89A015074
Maximum Power Output	125.0 kW (167 bhp)
Open Market Value	$45,837.00
Original Registration Date	23 Oct 2008
First Registration Date	23 Oct 2008
Transfer Count	2
Actual ARF Paid	$45,837.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	22 Oct 2018
PARF Rebate Amount	$22,918.00
Intended COE Rebate Details	
COE Expiry Date	22 Oct 2018
COE Category	E - Open Category
COE Period(Years)	10
QP Paid	$15,058.00
COE Rebate Amount	$1,238.00
Total Rebate Amount	**$24,156.00**

The information contained herein is correct as at 12 Dec 2017

OK