15/5/2010

INS. CASE OWNER: CC4 / III180 02893 / UKS3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 13/02/18 Date / Time : 12/02/18

Registered in Merimen: 13/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 8485X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 07/02/18 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**

SLG 666A → → →

INSRS: WSP: UPx Auto Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SLG 666A - X SHC 8485X - CS/III1700476Z/Tkhm2 DOA: 05/02/17 - CS/III1700476Z/Tkb3G2-1 DOA: 05/03/17 - CS/INC0900224Z7/CG1 DOA: 12/01/17 - CS/MSG1100315S/HTDA DOA: 31/05/11	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 + 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:		

Sinyuir | REF: III

ASSIGNMENT

From: | Date: 13.02.2018

Estimated Cost:

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

To Inspect Vehicle No: SLG 666A

at Workshop m/s Vfix Auto

of 60 Kaki Bukit Ave 6

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

10am

(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: 1 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLG 666A Yr Regn: 11

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

Make: JAGUAR XJ3.0L c.c 3000

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

Sp.Reading 61922 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: SAJAC22FXBLV15997

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: 255/35ZR20

R: 285/30ZR20

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.	7/2/18	D.O.I.	13/2/18

Survey held at

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

NS Fnt.

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

Date / Time	Action / Instruction
13/2/18	confirmed L/S @ 1200 with mechanic

Date/Time. File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp ($) $ + RS SI

☐ : Interview ($) Photos

☐ : Tech Insp ($) Others

☐ : Weekend $

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Foreign Identification Number
Owner ID:	5668P

Vehicle Details

Vehicle No.:	SLG666A
Vehicle to be Exported:	No
Intended De-registration Date:	14 Feb 2018
Vehicle Make:	JAGUAR
Vehicle Model:	XJ 5.0L AT ABS D/AB 2WD 4DR GAS/D SR
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	10111823514508PN
Chassis No.:	SAJAC22F4BLV15997
Maximum Power Output:	283.0 kW (379 bhp)
Open Market Value:	$87,797.00
Original Registration Date:	19 May 2011
First Registration Date:	19 May 2011
Transfer Count:	2
Actual ARF Paid:	$87,797.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 May 2021
PARF Rebate Amount:	$57,068.00

Intended COE Rebate Details

COE Expiry Date:	18 May 2021
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	$62,010.00
COE Rebate Amount:	$20,182.00
Total Rebate Amount:	**$77,250.00**

The information contained herein is correct as at 14 Feb 2018