15/5/2010

INS. CASE OWNER: JG | CC 4/EQ1 1800 7666 / Kha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KSC DOI: 25/4/18 Date / Time : 24/04/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBH 1958P Claim No. : DMG1700849-JG

Name of Insured : AVENTURINE ENG. P/L Policy No. : DMCP1218.001451

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 24/4/18 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**

SJZ 5455T →

INSRS:
WSP:
Tel : Um Tan.
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJZ 5455T. x ; GBH 1958P. 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:	

(08/11/17)

Surveyor

REF: EQ2

ASSIGNMENT

From: Date: 25042018

Estimated Cost:

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

To Inspect Vehicle No: SJZ 5255T

at Workshop m/s Lim Tan

of Blk 176 Sin Ming Drive #03-09

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

After 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: 04 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: SJZ5255T Yr Regn: 09/10

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

Make: Merc A) C180 c.c 1796

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

Sp.Reading 88592 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD 2040492A 405978

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: 225/45R17

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	27/4/18	D.O.I.	25/4/18

Survey held at

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

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

Date / Time	Action / Instruction
26/4	File pass to Catherine

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. 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:	8370Z
Vehicle Details	
Vehicle No.:	SJZ5255T
Vehicle to be Exported:	Yes
Intended De-registration Date:	02 Apr 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C 180 CGI
Primary Colour:	Silver
Manufacturing Year:	2010
Engine No.:	27182030083364
Chassis No.:	WDD2040492A405978
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	$38,917.00
Original Registration Date:	07 Sep 2010
First Registration Date:	07 Sep 2010
Transfer Count:	0
Actual ARF Paid:	$38,917.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Sep 2020
PARF Rebate Amount:	$23,350.00
Intended COE Rebate Details	
COE Expiry Date:	06 Sep 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	$43,334.00
COE Rebate Amount:	$10,520.00
Total Rebate Amount:	**$33,870.00**

The information contained herein is correct as at 02 Apr 2018

OK