

INS. CASE OWNER:

Shanni

CC 4 / III 1800 9189 , U ua3

LKK:

IDAC:

Surveyor:

MARINS

DOI:

ASSIGNMENT

27/5/2018

Date / Time :

21/05/2018

Registered in Merimen:

19/5/18 by w/cp.

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1072K

Name of Insured : CTEL

Insured Tel No. : HP:

Excess Sec II :SS D.O.A : 12/05/2018

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

If NO, Driver Name / Age : KOF CHUAN HUNG

Driver Tel No. : 96719786 (V/L: YES / NO)

Claim No. : MCT18050297

Policy No. : MCOM0015

Make / Model : A-140

Place of Accident : TALASITIMAYA LOBBY

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SKG 9981C

INSRS: Progressive
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SKG 9981C ? 4/11/18 08:30 / 14/11/18 08:30
SHA 1072K - 05/11/18 16:48 / 15/11/18 16:48

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 LOR only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

REF:

III

989 mah

ASSIGNMENT

From:

Date:

24052016

Estimated Cost:

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

To Inspect Vehicle No:

SKE 9981C

at Workshop m/s

of

Progression
vib

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

10km

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

S/A / 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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKE 9981C

Yr Regn:

9 / 16

Type:

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

Truck / Trailer or

CAI

Make:

Mer Benz GLC250

c.c

1991

Colour:

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

14632

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDC2539462F084382

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/55 R19

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

24/5/18

D.O.I.

24/5/18

Survey held at

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

O/S Frt.

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

Date / Time

Action / Instruction

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

) \$+RS \$I

) Photos

) Others

TOTAL

Report Format:

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$

> **Back to OneMotoring****Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9148I
Vehicle Details	
Vehicle No.:	SKE9981C
Vehicle to be Exported:	No
Intended De-registration Date:	24 May 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	GLC250 4MATIC
Primary Colour:	Black
Secondary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	27492030654939
Chassis No.:	WDC2539462F084382
Maximum Power Output:	155.0 kW (207 bhp)
Open Market Value:	\$42,582.00
Original Registration Date:	14 Sep 2016
First Registration Date:	14 Sep 2016
Transfer Count:	1
Actual ARF Paid:	\$51,615.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Sep 2026
PARF Rebate Amount:	\$38,711.00
Intended COE Rebate Details	
COE Expiry Date:	13 Sep 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,000.00
COE Rebate Amount:	\$46,507.00
Total Rebate Amount:	\$85,218.00

The information contained herein is correct as at 24 May 2018

OK