15/5/2010

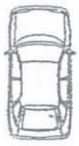
INS. CASE OWNER: KE | CC4, ASM 180 14688, Hwaz | LKK: IDAC: 62624

Surveyor: KBR DOI: 15/8/18 Date / Time: 10/8/2018

Registered in Merimen:

ASSIGNMENT

Pre-assign / CCU / FTE



Insured Vehicle No. : SKE 3003R

Name of Insured : WH Sock Hui

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 7/8/2018

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

If **NO**, Driver Name / Age :

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

Claim No. : SSM 00RV8

Policy No. :

Make / Model :

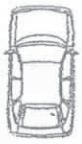
Place of Accident : Seng Lang East Rd (Infront of Shell)

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

Insured Liability : % **Final ? Yes / No**

SKA 3326 E → → →

INSRS:
WSP: Premium
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
14/8 WHAN 1318	SKA3326E - X; SKE 3003R - X OMP - sent out bf letter

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:	

Surname: Xml. | REF: ABM (AXA) | 0320B

ASSIGNMENT

From: | Date: 15082018

Estimated Cost:

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

To Inspect Vehicle No: SKA 3326E

at Workshop m/s: Premium

of: 55 Ubi Rd 1

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

3pm

(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: 3 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: SKA3326E | Yr Regn: 28 Jul 2016

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

Make: Audi A3 1.4 | c.c 1395

Colour: Black | A/C: Insured / Std / NI / NA

Sp.Reading: 37704 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZ8V39A168735

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: 205/55 R16

R: "

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.		D.O.I.	15-08-18

Survey held at w/s 3pm

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

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: ($)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0330B
Vehicle Details	
Vehicle No.:	SKA3326E
Vehicle to be Exported:	No
Intended De-registration Date:	17 Aug 2018
Vehicle Make:	AUDI
Vehicle Model:	A3 SB 1.4 TFSI (ATTRACTION)
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	CZC564078
Chassis No.:	WAUZZZ8V3GA168735
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	$24,173.00
Original Registration Date:	28 Jul 2016
First Registration Date:	28 Jul 2016
Transfer Count:	0
Actual ARF Paid:	$15,843.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jul 2026
PARF Rebate Amount:	$11,882.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jul 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$53,000.00
COE Rebate Amount:	$42,100.00
Total Rebate Amount:	**$53,982.00**

The information contained herein is correct as at 17 Aug 2018

OK