15/5/2010

INS. CASE OWNER: CC 6/AG 180 16734 / Ufa3

LKK:

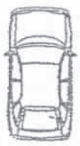
IDAC:

ASSIGNMENT

Surveyor: MApcus DOI: 13/9/18 Date / Time: 13/9/18

Registered in Merimen: 13/9/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SCU 788P

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 12/9/2018

Is driver the owner? (YES / NO)

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

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

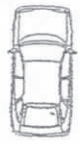
Nature of Accident :

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

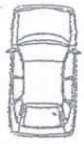
Insured Liability : % **Final ? Yes / No**

Ok

SCJ 8??K →



INSRS:
WSP: Hock wah
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SCJ8??K - X ;
	SCU788P - CB/MGD90106991/91 ; DOA. 9/8/2005

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:	

(08/11/13) wef

ASS. REC. BY: Marcus

REF: A16/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SCJ8222K

at Workshop m/s Hockenheim Tampines

of _____

Insured: SCH788F

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: 2 Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 2826E

Date: _____ Person Contacted: LTA 8483 Vehicle: IN / OUT

Veh No: SCJ8222K Yr Regn: 3, 10

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA1

Make: Mer Benz S350L c.c 3498

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

Sp.Reading 111942 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2211562A317784

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: 255/45-R18

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.	12/9/18	D.O.I.	13/9/18

Survey held at _____

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

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

Date / Time	Action / Instruction
13/9/18	Confirmed final @ $1400 with Han.

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	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2826E
Vehicle Details	
Vehicle No.:	SCJ8222K
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Sep 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	S350L
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	27296531446056
Chassis No.:	WDD2211562A317784
Maximum Power Output:	200.0 kW (268 bhp)
Open Market Value:	$98,991.00
Original Registration Date:	22 Mar 2010
First Registration Date:	22 Mar 2010
Transfer Count:	2
Actual ARF Paid:	$98,991.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Mar 2020
PARF Rebate Amount:	$54,445.00
Intended COE Rebate Details	
COE Expiry Date:	21 Mar 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	$26,389.00
COE Rebate Amount:	$4,008.00
Total Rebate Amount:	**$58,453.00**

The information contained herein is correct as at 14 Sep 2018

OK