

cc 4 / 11180 16996, Kea3

LKK:
IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

18/9/18

Date / Time :

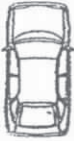
17/09/18

Registered in Merimen:

18/09/18

Pre-assign / CCU / FTE

SHC 2505 L



Insured Vehicle No. :

Claim No. : *hxx*

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A : 15/9/2018

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

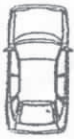
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SDU 888y



INSRS:

WSP: Tropical Cycles

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SDU 888y - X:

SHC 2505 L - cc 4 / 11180 16996 / 6003976 / 6003976 / 18/9/18

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\$

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:

Surveyor

REF:

III

ASSIGNMENT

From: _____ Date: 18092018

Estimated Cost: _____

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

To Inspect Vehicle No: SDU 888Y

at Workshop m/s Tropical Swiss

of Blk 5032 Amk Ind Park 2 # 01-303

Insured: _____

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.

Bal. or Market Value: \$44k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 09 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SDU 888Y Yr Regn: 01 / 10

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

Truck / Trailer or

Make: M E250 Chic.c 1796Colour: M. Grey A/C: Insured / Std / NI / NA

Sp. Reading: 105824 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 207 3472 F 026002

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/30ZR20

R: _____

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

TOYO / YOKO or Continental

Front

Rear

R/Bal. 2 mm

R/Bal. 2 mm

L/Bal. 2 mm

L/Bal. 2 mm

D.O.A. 15/9/18

D.O.I. 18/9/18

Survey held at _____

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

& 1st

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

Date / Time Action / Instruction

18 File rep to Catherine

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Report Format : _____

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

Owner Particulars

NRIC/Passport/Company Cert No.: S1428260B
Owner ID Type: Singapore NRIC
Owner Name: KOH THONG TEE
Registered Address: 781 UPPER CHANGI ROAD EAST #09-26 SINGAPORE 486069
Mailing Address: -
Birth Date: 10 Sep 1960

Vehicle Particulars

Vehicle No.: SDU888Y
Previous Vehicle No.: SMC5712B
Effective Date of Ownership: 10 Jul 2018
Original Regn Date: 26 Jan 2010
Registration Date: 26 Jan 2010
Year of Manufacture: 2009
Vehicle Type: Passenger Motor Car
Vehicle Scheme: -
Vehicle Attachment 1: No Attachment
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: MERCEDES BENZ
Vehicle Model: E 250CGI COUPE
Primary Colour: Grey
Secondary Colour: -
Passenger Capacity: 3
Chassis No.: WDD2073472F026002
Engine No.: 27186030015440
Engine Capacity / Power Rating: 1796 cc / -
Maximum Power Output: 150.0 kW (201 bhp)
Propellant: Petrol
Max Unladen Weight: 1575 kg
Maximum Laden Weight: 2045 kg
Open Market Value: \$57,389.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 25 Jan 2020
Minimum PARF Benefit: \$28,694.00
No. of Transfers: 1
IU Label No.: 1123639015
COE No.: 2009090103000056N
COE Expiry Date: 25 Jan 2020
COE Category: B - Car (1601cc & above)
COE Registration Category: B - Car (1601cc & above)
Quota Premium (QP) / Prevailing Quota Premium: \$18,890.00 / -
Actual QP Paid: \$18,890.00
QP (Regn Cat): \$18,890.00
OPC Cash Rebate Eligibility: No
QP during COE Bidding Exercise: \$18,890.00
Additional Registration Fee Rate: 100.00 %
Actual ARF Paid: \$57,389.00
Vehicle Lifespan Expiry Date: No Lifespan
CO2 Emission: -
CO Emission: -
HC Emission: -
NOx Emission: -
PM Emission: -
Message: To renew the COE, the Prevailing Quota Premium payable is that of Category B.

Print

OK

Save as PDF