15/5/2010

INS. CASE OWNER: | CC4 / 111180 16996 / Fea3 | LKK: / IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 18/9/18 Date / Time : 17/09/18

Registered in Merimen: 18/09/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC2505L Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 15/9/2018 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**

SDU888Y → →

INSRS: WSP: Tropical Gueco Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SDU888Y - X;	Non-Reporting ltr (1st):	
	SHC2505L - CC4/111 / 6003976/ Fwa3(2) ; RRA 17/9/18	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: III

ASSIGNMENT

From: Date: 18092018

Estimated Cost:

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

To Inspect Vehicle No: SDU 8887

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.

N/S	O/S

Bal. or Market Value: @ 44k

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SDU 8887 Yr Regn: 01 / 10

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

Make: Mer E250 CGi (A) c.c 1796

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

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

Eng/No:

C/No: WDD 207 3472F 026002

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: 245/35ZR20

R:

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 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

& Int

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

Date / Time	Action / Instruction
/9	File recv 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 Vehicle Registration Details

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.

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