

INS. CASE OWNER:

CC 4/ 111 180 19915 / 11 pa3

IDAC:

Surveyor:

m14

DOI:

ASSIGNMENT

1-10-18

Date / Time:

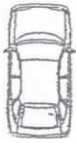
1-10-18

Registered in Merimen:

1-10-18

Pre-assign / CCU / FTE

SH8503 X



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A: 22/09/18

Place of Accident :

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

If NO, Driver Name / Age :

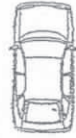
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SL5584P



INSRS:

WSP:

Tel :

Liability :

RMKS:

m14



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SL5584P - X ;

SH8503 X - call 111 800 5628 / 5003 ; 609-770318  
cc3/16/14077110/11 pa3w ; 004-23/11/14

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\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Surveyor Tay Hin

REF: III

### ASSIGNMENT

From: \_\_\_\_\_ Date: 01/10/2018

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLS 584P  
at Workshop m/s Mova Automotive  
of 15 Fan Yong Road

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: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / 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 <sup>lup</sup>

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SLS584P Yr Regn: 2017, 8y.

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

Truck / Trailer or

Make: BMW XI C.C. 1499.

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

Sp. Reading: 17085 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WBAHS120X05J97195

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: 225/50R14

R: 21

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. 1 mm

D.O.A. \_\_\_\_\_ D.O.I. 01/10/18 R/bst

Survey held at Mova Fan Yong

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

Frt O/S

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: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ )

☐ : Interview (\$ )

☐ : Tech. Invs (\$ )

☐ : Weekend (\$ )

☐ : S + RS \$ SI

☐ : Photos

☐ : Others

TOTAL

Report Format: \_\_\_\_\_

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

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Foreign Identification Number
Owner ID:	0003W
<b>Vehicle Details</b>	
Vehicle No.:	SL5584P
Vehicle to be Exported:	Yes
Intended Deregistration Date:	27 Sep 2018
Vehicle Make:	B.M.W.
Vehicle Model:	X1 SDRIVE18I AT LED NAV
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	F126H484B38A15A
Chassis No.:	WBAHS120X05J97193
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$31,267.00
Original Registration Date:	04 Sep 2017
First Registration Date:	04 Sep 2017
Transfer Count:	0
Actual ARF Paid:	\$30,774.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Sep 2027
PARF Rebate Amount:	\$23,080.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	03 Sep 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,711.00
COE Rebate Amount:	\$42,968.00
<b>Total Rebate Amount:</b>	<b>\$66,048.00</b>

The information contained herein is correct as at 27 Sep 2018

OK