13/5/2010

INS. CASE OWNER: CC6, AIG 180 18167, Ufa3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Marcus   DOI: 8, 10, 18   Date/Time: 8,10-18

Registered in Merimen: 8,10,18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLW 4092J		Claim No. :	
Name of Insured :			Policy No. :	
Insured Tel No. :		HP:	Make / Model :	
Excess Sec II :S$		D.O.A : 4,10-18	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**

EV 200P → ______ → ______ → ______

INSRS: WSP: Tan Lim Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	EV200P - CC6/AIG100 179021/Ca7 F297; DOA: 27/8/18
	SLW 4092J - X

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:	

(08/11/18) REF: AIG/

Surveyor Mercus

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: EV200P

at Workshop m/s Tan Lim

of

Insured: SLW4092J

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: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 04/SA

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: EV200P Yr Regn: 2018

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

Make: BMW 530i c.c 1998

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

Sp.Reading 329 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAJA520X0G8[illegible]79

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: 245/45R18

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

TOYO / YOKO or Hankook

Front		Rear	
R/Bal.	9 mm	R/Bal.	8 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A.	4/10/18	D.O.I.	8/10/18

Survey held at —

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

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

Date / Time	Action / Instruction
	TP Owner want replaced rear bumper new car 1 day only accident only.

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:

S + RS: SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

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:	0415A
Vehicle Details	
Vehicle No.:	EV200P
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Oct 2018
Vehicle Make:	B.M.W.
Vehicle Model:	530I SE AUTO
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	13759930B48B20B
Chassis No.:	WBAJA520X0G885579
Maximum Power Output:	185.0 kW (248 bhp)
Open Market Value:	$54,463.00
Original Registration Date:	03 Oct 2018
First Registration Date:	03 Oct 2018
Transfer Count:	0
Actual ARF Paid:	$70,034.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Oct 2028
PARF Rebate Amount:	$52,525.00
Intended COE Rebate Details	
COE Expiry Date:	02 Oct 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	$31,801.00
COE Rebate Amount:	$31,773.00
Total Rebate Amount:	**$84,298.00**

The information contained herein is correct as at 05 Oct 2018

OK