15/5/2010

INS. CASE OWNER: | CC 4/ 111 180 19828, Rleas | LKK: IDAC:

ASSIGNMENT

Surveyor: MPB DOI: 31.10.18 Date / Time : 30/10/18

Registered in Merimen: 31.10.18

Pre-assign / CCU / FTE

Insured Vehicle No. : SH8434L

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 29.10.18

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

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

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

Claim No. :

Policy No. : 4X

Make / Model :

Place of Accident :

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

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

SKK8148S → → →

INSRS:
WSP:
Tel : Prime Auto claims.
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKK8148S, X;
	SH8434L, MA[illegible] 24(23/S7 ; DOA: 31/7/12

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:	

Surveyor [signature]

REF: III

62394

ASSIGNMENT

From:

Date: 31.10.2018

Estimated Cost:

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

To Inspect Vehicle No: SKK 8148S

at Workshop m/s Prime Auto

of 6 Benoi Place

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

12pm

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

Bal. or Market Value: 47K

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKK 8148S Yr Regn: 2013 / MAY

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

Make: Volkswagen Golf A7 1.4 c.c 1395

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

Sp.Reading 108 477 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVWZZZAUZDW110679

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: 225/40ZR18

R: "

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.	29/10/18		D.O.I.	31/10/18	

Survey held at PRIME AUTO

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

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

Date / Time	Action / Instruction
01/11/18	refer to email, repair limit 1K only. K.I.V first. w/shop not continue to repair

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:	6239H
Vehicle Details	
Vehicle No.:	SKK8148S
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Nov 2018
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	GOLF A7 1.4 TSI AT BMT 5G14JZ SR HID
Primary Colour:	Black
Manufacturing Year:	2013
Engine No.:	CHP113429
Chassis No.:	WVWZZZAUZDW110679
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	$29,096.00
Original Registration Date:	16 May 2013
First Registration Date:	16 May 2013
Transfer Count:	1
Actual ARF Paid:	$17,735.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 May 2023
PARF Rebate Amount:	$12,414.00
Intended COE Rebate Details	
COE Expiry Date:	15 May 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	$74,689.00
COE Rebate Amount:	$33,891.00
Total Rebate Amount:	**$46,305.00**

The information contained herein is correct as at 01 Nov 2018

OK

47,500
46,305
1,195

Rasul (LKKAuto)

From: Rasul (LKKAuto)
Sent: Thursday, 1 November, 2018 9:24 AM
To: 'Alice Leong'
Subject: SKK 8148S

Hi Alice,

As spoken, repair limit to repair this vehicle is 1K only

Best Regards,
Rasul | Assessor
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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