

INS. CASE OWNER:

Way Peter

CC 4, ASM 180 21708, Kja3

LKK:

IDAC:

85029

Surveyor:

KSL

DOI:

ASSIGNMENT

3/12/18

Date / Time :

29/11/2018

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :

Sum 3270 G

Claim No. :

18m 01488

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

24/11/2018

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

SKE 1232J



INSRS:

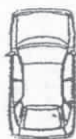
WSP:

Tel :

Liability :

RMKS:

Lim 70m



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SKE 1232J, CC41AXA7009931/1446357 : DOA: 21/05/18
Sum 3270 G. 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\$

Disbursement:

S\$

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

Email

Call

FINAL PAYMENT

Date/Time:

Confirm with:

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:

REF: ASM(Ax A)

ASSIGNMENT

From:

Date: 03/12/2018

Estimated Cost:

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

To Inspect Vehicle No: SKE 1232J

at Workshop m/s Lim Tun

of Sin Ming

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

after 10am

(Policy Condition)

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

Bal. or Market Value: \$52k

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

Date: 7/1/19

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKE 1232J

Yr Regn:

07 09

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

Truck / Trailer or

Make:

Bmw 335i

C.C.

2979

Colour:

M. Black

A/C: Insured / Std / NI / NA

Sp. Reading:

146137

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBAPM 72030A 381035

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F:

235/35R19

R:

255/35ZR19

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

TOYO / YOKO or

Front

Rear

R/Bal.

6 mm

R/Bal.

7 mm

L/Bal.

6 mm

L/Bal.

7 mm

D.O.A.

24/1/18

D.O.I.

3/12/18

Survey held at

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

N/S Rn hood

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

Date / Time

Action / Instruction

9/12 File passed to Cotham

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:

) S + RS. \$

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Invs (\$)

☐

: Weekend (\$)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6114F
Vehicle Details	
Vehicle No.:	SKE1232J
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Nov 2018
Vehicle Make:	B.M.W.
Vehicle Model:	335I AT 3.0L ABS D/AB HID 2WD 4DR
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	06486961N54B30A
Chassis No.:	WBAPM72030A381035
Maximum Power Output:	225.0 kW (301 bhp)
Open Market Value:	\$66,435.00
Original Registration Date:	20 Jul 2009
First Registration Date:	20 Jul 2009
Transfer Count:	2
Actual ARF Paid:	\$66,435.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Jul 2019
PARF Rebate Amount:	\$33,217.00
Intended COE Rebate Details	
COE Expiry Date:	19 Jul 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$16,801.00
COE Rebate Amount:	\$1,084.00
Total Rebate Amount:	\$34,301.00

The information contained herein is correct as at 26 Nov 2018

OK