15/5/2010

INS. CASE OWNER:

CC 4, LPC 180 4846, Kea3

LKK:
IDAC:
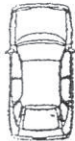
ASSIGNMENT

Surveyor: _____ KSC _____ DOI: _____ 4/12/18 _____ Date / Time: _____ 3/12/18 _____

Registered in Merimen: _____

Pre-assign / CCU / FTE   SKK9970C

Insured Vehicle No.   :   _____   Claim No.   :   _____

Name of Insured   :   _____   Policy No.   :   _____

Insured Tel No.   :   _____ HP: _____   Make / Model   :   _____

Excess Sec II :S$ _____ D.O.A : 7/12/18   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**
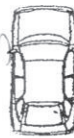
GMF 8368B →
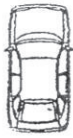
INSRS:
WSP: Fulcon, Ant (S/m)
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GMF8368B, X	Non-Reporting ltr (1st):	
	SKK 9970C - U2/0901 Y003PXS/Reg342 ; DOA: 20/2/16	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:	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

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:	

From: **Date:** 04.12.2018

Estimated Cost:

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

To Inspect Vehicle No: SMF 8368B

at Workshop m/s Falcon - Air

of 176 Sin Ming Drive #01-06

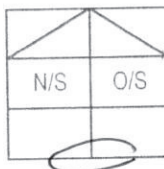**Insured:**

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 Rport: Consistent? : Yes or **No**

GIA / PR Seen: Consistent? : Yes or **No**

Est. Repairs: 03 days   Res.: Yes or **No**

Lum Sum: 1-B.1 %   3 Val.: Yes or **No**

CA / REV / REP. / 24 HRS

   Vehicle: **IN** / OUT

Date: Person Contacted:

Veh No: SMF 8368B   **Yr Regn:** 04 / 18

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

Make: BMW (A) 218D   **c.c** 1496

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

Sp.Reading 68668   **T/Radio:** Insured / Std / NI / NA

Eng/No:

C/No: WBA 2B 32080 V 25 9899

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:** 225/45 ZR 18

     R:

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

Front			Rear		
R/Bal.	8	mm	R/Bal.	8	mm
L/Bal.	8	mm	L/Bal.	8	mm
D.O.A.	2/12/18		D.O.I.	4/12/18	

Survey held at

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

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

Date / Time	Action / Instruction
5/12	File pass to Catherine

Date/Time, File Pass to?   ☐ : Preli. Report

1)   ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)
   ☐ : Interview ($
   ☐ : Tech. Invs ($
   ☐ : Weekend ($

Survey Fee:

Transportation:

) __ S + RS __ SI

) Photos

) Others

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	2969J

Vehicle Details

Vehicle No.:	SMF8368B
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Dec 2018
Vehicle Make:	B.M.W.
Vehicle Model:	216D ACTIVE TOURER D/AB LED
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	B37C15A03N4271N105
Chassis No.:	WBA2B32080V259899
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	$28,139.00
Original Registration Date:	05 Apr 2016
First Registration Date:	05 Apr 2016
Transfer Count:	1
Actual ARF Paid:	$21,395.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Apr 2026
PARF Rebate Amount:	$16,046.00

Intended COE Rebate Details

COE Expiry Date:	04 Apr 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$45,504.00
COE Rebate Amount:	$33,369.00
Total Rebate Amount:	**$49,415.00**

The information contained herein is correct as at 04 Dec 2018

OK