15/5/2010

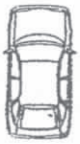
INS. CASE OWNER: Wong/Peter | CC4, Asm 1900 0253, K eu3 | LKK: 9,346
IDAC:

ASSIGNMENT

Surveyor: KSL   DOI: 4/01/2019   Date / Time : 4/1/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKR1983G   Claim No. : SGM01827

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

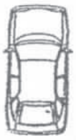
Excess Sec II :S$ D.O.A : 30/12/18   Place of Accident :

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

If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

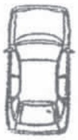
Driver Tel No. :   (V/L: YES / NO)   Insured Liability : %   **Final ? Yes / No**

SDA 9638Z ⟶ ______ ⟶ ______ ⟶ ______



INSRS:
WSP: Ah Wm
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SDA9638Z - X
	SKR1983G - GI/ MG160189443/ UUb(Z ; DOA 8/10/15

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:	

ASS. REC. BY: | REF: AW 283/Ken3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Ah Lim

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

12.30pm

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $82k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SDA 9638Z Yr Regn: 03, 14

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

Make: Mc A180 c.c 1595

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

Sp.Reading 97748 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 1760422 1229893

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: 225/45 R17

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	6 mm
L/Bal.	5 mm	L/Bal.	6 mm
D.O.A.	30/12/18	D.O.I.	4/1/19

Survey held at _____

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

O/S body

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

Date / Time	Action / Instruction
7/1	File pass to Cat

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Survey Fee: _____

Transportation: ___ $ + RS. ___ SI

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2086G
Vehicle Details	
Vehicle No.:	SDA9638Z
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	A180 (R17)
Primary Colour:	Black
Manufacturing Year:	2013
Engine No.:	27091030330142
Chassis No.:	WDD1760422J229693
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	$23,222.00
Original Registration Date:	03 Mar 2014
First Registration Date:	03 Mar 2014
Transfer Count:	1
Actual ARF Paid:	$14,511.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Mar 2024
PARF Rebate Amount:	$10,883.00
Intended COE Rebate Details	
COE Expiry Date:	02 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$77,201.00
COE Rebate Amount:	$39,928.00
Total Rebate Amount:	**$50,811.00**

The information contained herein is correct as at 31 Dec 2018

OK