

INS. CASE OWNER:

CC 4, EGI 1900 0773, 11/11/19

LKK:

IDAC:

Surveyor:

MTH

DOI:

ASSIGNMENT

14/1/19

Date / Time :

14/1/19

Registered in Merimen:

Pre-assign / CCU / FTE

YN 9879C



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 97/1/19

Make / Model :

Excess Sec II :SS D.O.A :

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

SJX 8810 G

INSRS:
WSP:
Tel :
Liability :
RMKS:

GK

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SJX 8810 G - X ; YN 9879 C - 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\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

27/03/2001

ASS. REC. BY:

REF:

CS/EG19000773/71163

Special Instruction:

Surveyor:

Taufiq

ASSIGNMENT (Office)

From (Person):

Steve Lim

of

EG1

Date/Time:

14/11/19 @ 10-55am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJX 8810G

Insured:

YN 9879C

at Workshop m/s

Cycle & Camogie Ind.

Tel:

9865112

of

188 penden loop

Policy No:

Claim No:

Sum Insured:

Excess:

D.O.A.

9/01/2019

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS

hup

H.O.D. Endorsement:

Date/Time: 11:05am 14/11/19

Person Contacted:

Alan

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

SJX 8810G-X

YN 9879C-X

16/11-10:08am- Revised via email preli advise.

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1821K
Vehicle Details	
Vehicle No.:	SJX8810G
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Jan 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C180 AVANTGARDE (R17 LED)
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	27491030691991
Chassis No.:	WDD2050402R205505
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$36,548.00
Original Registration Date:	11 Jan 2017
First Registration Date:	11 Jan 2017
Transfer Count:	0
Actual ARF Paid:	\$38,168.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Jan 2027
PARF Rebate Amount:	\$28,626.00
Intended COE Rebate Details	
COE Expiry Date:	10 Jan 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,001.00
COE Rebate Amount:	\$42,329.00
Total Rebate Amount:	\$70,955.00

The information contained herein is correct as at 15 Jan 2019

OK