15/5/2010

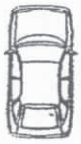
INS. CASE OWNER: CC 4/ Asm 1900 Roll / Kfa3 | LKK: IDAC: 98346

## ASSIGNMENT

Surveyor: KSL DOI: 31/1/19 Date / Time : 30/1/19

Registered in Merimen: —

**Pre-assign / CCU / FTE**



Insured Vehicle No. : XD 3180 Claim No. : SGM01CP4

Name of Insured : VEOLIA ES (S) Ind P/L Policy No. :

Insured Tel No. : HP: Make / Model :

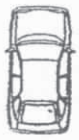
Excess Sec II :S$ D.O.A : 29/1/19 Place of Accident :

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

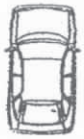
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

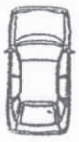
SLR690L → → →



INSRS:
WSP: MBM
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SLR690L - X ; XD 3180 - 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$ | | 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: | |

REF: ASM(AXA)

# ASSIGNMENT

From Date: 31-012019

Estimated Cost:

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

To Inspect Vehicle No: SLR 9690L

at Workshop m/s MBM Wheelpower

of 160 Sin Ming Drive

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: $ 130k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 181 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No SLR 9690L Yr Regn: 09 16

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

Make: Mer C350 c.c 1991

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

Sp.Reading ~~53757~~ T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD 2050 4721F423647

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: 245/35 ZRR

R: 275/30 ZR19

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. | 29/1/19 | D.O.I. | 31/1/19 |

Survey held at ✓

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

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

| Date / Time | Action / Instruction |
|---|---|
| | |

Date/Time. File Pass to?

1)

☐ : Preli. Report

☐ : Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: ( ) S + RS ( ) SI

Add Fee: ☐ : Site Insp ($ ) Photos

☐ Interview ($ ) Others

☐ Tech. Invs ($

☐ Weekend ($

TOTAL

Report Format :

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

> Back to OneMotoring

## Enquire Transfer Fee

| Vehicle Details | |
|---|---|
| Vehicle No. : | SLR9690L |
| Vehicle Type : | P10 - Passenger Motor Car |
| Vehicle Attachment 1 : | With Sun Roof |
| Vehicle Scheme : | Normal |
| Vehicle Make : | MERCEDES BENZ |
| Vehicle Model : | C350E SALOON SPORT AUTO |
| Chassis No. : | WDD2050472F423647 |
| Propellant : | Petrol-Electric (Plug-In) |
| Engine No. : | 27492030757926 |
| Motor No. : | 27492030757926 |
| Engine Capacity : | 1991 cc |
| Power Rating : | 60.0 kW |
| Maximum Power Output : | 205.0 kW ( 274 bhp ) |
| Maximum Laden Weight : | 2305 kg |
| Unladen Weight : | 1780 kg |
| Year Of Manufacture : | 2016 |
| Original Registration Date : | 01 Sep 2016 |
| Lifespan Expiry Date : | - |
| COE Category : | B - Car above 1600cc or 97kW (130bhp) |
| Quota Premium : | $47,501.00 |
| COE Expiry Date : | 30 Aug 2027 |
| Road Tax Expiry Date : | 31 Aug 2019 |
| PARF Eligibility Expiry Date : | 31 Aug 2026 |
| Inspection Due Date : | 31 Aug 2019 |
| Intended Transfer Date : | 29 Jan 2019 |
| CO2 Emission : | 94.00 (g/km) |
| CEV/VES Rebate Utilised Amount : | $30,000.00 |
| CO Emission : | - |
| HC Emission : | - |
| NOx Emission : | - |
| PM Emission : | - |

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

**Amount Payable**

| | Amount Before GST (S$) | GST Amount (S$) | Amount After GST (S$) |
|---|---|---|---|
| Transfer Fee : | 25.00 | - | 25.00 |
| **Total Amount Payable :** | | | **25.00** |

You may print this page for reference.

OK Print