	CC 4, UPC 1900 7379, Gea3	LKK:
INS. CASE OWNER:		IDAC:

ASSIGNMENT

Surveyor: _Kgb_ DOI: _7/2/19_   Date / Time: _11/8/19_

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _SJS 6006 M_   Claim No. : _18/19/19/VP05/027406_

Name of Insured : _____   Policy No. : _____   Gx

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

Excess Sec II :S$ _____   D.O.A : _08/2/19_   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

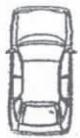Driver Tel No. : _____   (V/L: YES / NO)   Insured Liability : ____%   **Final ? Yes / No**

SCE 7748P →

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

Date/ Time			STAGE	DATE / PIC
	SCE-7748P. X ; SJS 6006M. X		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:

X/ml.   REF: tPC   0393E

ASSIGNMENT

From   Date: 22/2/19   Veh No: SCE2218P   n Regn: 13 Jun 2016

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MV   Truck / Trailer or

To Inspect Vehicle No: SCE2218P   Make: BMW 216D   cc 1496

at Workshop m/s Progressive Car   Colour: Silver   A/C: Insured / Std / NI / NA

of   Blk 3022A Ubi Rd 1 #01-45/16   Sp.Reading: 43458   T/Radio: Insured / Std / NI / NA

Insured   Eng/No:

Policy No   C/No: WBA 2E320 90 P 836757

Claims No   Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)   Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: Modi: Nil / S/Rim / STD A/Rim or
                    2pm @ owner waiting
                      second go   Tyre Size: F: 205/55 R17

(Policy Condition)   R: "

Remark The veh had commenced its   BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
        repair at the time of inspection.   TOYO / YOKO or

                                        | | N/S | O/S |

Bal. or Market Value: Front   Rear

IDAC Accident Rport: Consistent? : Yes or No   R/Bal. 6 mm   R/Bal. 6 mm

GIA / PR Seen: Consistent? : Yes or No   L/Bal. 6 mm   L/Bal. 6 mm

Est. Repairs: 3 days Res.: Yes or No   D.O.A.   D.O.I. 22-02-19

Lum Sum: %   3 Val.: Yes or No   Survey held at   w/s   2pm

CA / REV / REP. / 24 HRS   Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

                        Vehicle: IN / OUT   F4 N/S

Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time   Action / Instruction

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

                           ☐ : Final Report   Resurvey No. of Trip: Survey Fee:

Date/Time, File Return to?   Transportation:

                        Add Fee: ☐ Site Insp ($) S+RS $

                                  ☐ Interview ($) Photo

                                  ☐ Tech Invs ($) Other

Report Format :   ☐ Weekend ($)

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	0393E

Vehicle Details

Vehicle No.:	SCE2218P
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Feb 2019
Vehicle Make:	B.M.W.
Vehicle Model:	216D GRAN TOURER LED NAV 7 SEATER
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	35999379B37C15A
Chassis No.:	WBA2E32090P836757
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	$31,470.00
Original Registration Date:	13 Jun 2016
First Registration Date:	13 Jun 2016
Transfer Count:	0
Actual ARF Paid:	$26,058.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Jun 2026
PARF Rebate Amount:	$19,543.00

Intended COE Rebate Details

COE Expiry Date:	12 Jun 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$53,694.00
COE Rebate Amount:	$39,179.00
Total Rebate Amount:	**$58,722.00**

The information contained herein is correct as at 26 Feb 2019

OK