15/5/2010

INS. CASE OWNER: CC 4, 111 1900 4202, T/fo3   LKK:
IDAC:

ASSIGNMENT

Surveyor: WYK   DOI: 7/3/19   Date / Time: 6/3/2019

Registered in Merimen: 7/3/2019

Pre-assign / CCU / FTE
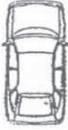
Insured Vehicle No. : SHA 3454D   Claim No. :

Name of Insured : YM   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A: 3/3/2019   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**

SKL 4200 U →   →   →

INSRS: INSRS: INSRS: INSRS:
WSP: Vryly.   WSP: WSP: WSP:
Tel :   Tel :   Tel :   Tel :
Liability :   Liability :   Liability :   Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time	SKL 4200U - X ; SHA 3454D - 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:	
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:	

ASSIGNMENT

From: Date: 7/3/19

Estimated Cost:

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

To Inspect Vehicle No: VAG SKL4200U

at Workshop m/s: 48 Toh Guan Road

of: EQST #05-123

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
	X	

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days   Res.: Yes or No

Lum Sum: %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS   'WP'

Date: Person Contacted: 85229515

Veh No: SKL4200U.   Yr Regn: 2016, Nov

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

Truck / Trailer or

Make: Volkswagen Golf   c.c 1395

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

Sp.Reading 41886   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVWZZZAUZGP 578579

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: 225/40R18

R: "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	7/3/19 0350pm

Survey held at VAG Toh Guan Rd.

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

Vehicle: IN / OUT

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:	3226D
Vehicle Details	
Vehicle No.:	SKL4200U
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Mar 2019
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	GOLF VARIANT R-LINE 1.4 TSI AT SR
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	CZC085759
Chassis No.:	WVWZZZAUZGP578579
Maximum Power Output:	92.0 kW (123 bhp)
Open Market Value:	$27,721.00
Original Registration Date:	09 Nov 2016
First Registration Date:	09 Nov 2016
Transfer Count:	1
Actual ARF Paid:	$20,810.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Nov 2026
PARF Rebate Amount:	$15,607.00
Intended COE Rebate Details	
COE Expiry Date:	08 Nov 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$50,000.00
COE Rebate Amount:	$38,388.00
Total Rebate Amount:	$53,995.00

The information contained herein is correct as at 04 Mar 2019

OK