

INS. CASE OWNER:

Wang Kong

CC 4, Asm 1900

4952, Jfz

LKK:

IDAC:

105028

Surveyor:

OHJ

DOI:

ASSIGNMENT

20/3/19

Date / Time:

19/3/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLC 34475

Name of Insured:

Lee Wang Kong

Insured Tel No.:

HP:

Claim No.:

59m 0147N

Policy No.:

Excess Sec II :SS

D.O.A:

15/03/2019

Make / Model:

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SMB104U



INSRS:

WSP:

Tel:

Liability:

RMKS:

Smp1, m



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SMB104U - C/S/CT/170015-26/144397; DDA: 26/1/16
SLC 34475 - 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:

3/22/2019

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2292D
Vehicle Details	
Vehicle No.:	SMB104U
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Mar 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	OC500LE1830H
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	45796600172135
Chassis No.:	WEB63442021000234
Maximum Power Output:	-
Open Market Value:	\$328,053.00
Original Registration Date:	29 Jul 2009
First Registration Date:	29 Jul 2009
Transfer Count:	0
Actual ARF Paid:	\$16,403.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 22 Mar 2019

OK