

INS. CASE OWNER:

CC³, ALA 1900 6091, H-03

IDAC:

Surveyor:

ump

DOI:

ASSIGNMENT

8/4/19

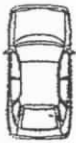
Date / Time:

5/4/2019

Registered in Merimen:

5/4/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : / SLT 2015y

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A: 5/4/2019

Place of Accident : _____

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

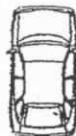
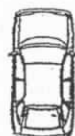
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SJE 800m

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

Date/ Time

SJE 800m - x; SLT 2015y - 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:

ASS. REC. BY:

REF:

Adrian

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

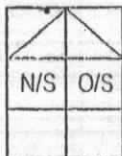
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Date: _____ Vehicle: IN / OUT

Person Contacted: _____

Veh No: SJE800M Yr Regn: 2014 / JuneType: M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Audi A4 c.c. 1798Colour Black A/C: Insured / Std / Nil / NASp. Reading 3710 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WAUZZ28K9EA114858Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim orTyre Size: F: 245/35R19R: 245/35R19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Hankook

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 08/04/19Survey held at Premium

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

Front N/S

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

Date / Time Action / Instruction

TPALGMV: 70KPV: 52.1KNett: 17.9K

Date/Time, File Pass to?

Date/Time, File Return to?

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

___ S + RS, ___ SI

Photos

Others

TOTAL

1)

3)

5)

Prel. Report:

Final Report:

2)

4)

6)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	3985Z
Vehicle Details	
Vehicle No.:	SJE800M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	08 Apr 2019
Vehicle Make:	AUDI
Vehicle Model:	A4 1.8 TFSI MU (EU6)
Primary Colour:	Grey
Manufacturing Year:	2014
Engine No.:	CJE076408
Chassis No.:	WAUZZZ8K9EA114858
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$28,964.00
Original Registration Date:	30 Jun 2014
First Registration Date:	30 Jun 2014
Transfer Count:	1
Actual ARF Paid:	\$22,550.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jun 2024
PARF Rebate Amount:	\$16,912.00
Intended COE Rebate Details	
COE Expiry Date:	29 Jun 2024
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$67,334.00
COE Rebate Amount:	\$35,166.00
Total Rebate Amount:	\$52,078.00

The information contained herein is correct as at 08 Apr 2019

OK

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☐ **Audi A4 1.8A TFSI MU** | \$68,888 | \$11,530 /yr | 24-Jan-2014 | 1,798 cc | 85,000 km | Luxury | Available
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 Jia Leong Trading Enterprise
 ☆ Posted: 05-Apr-2019 Tags: 2014 Audi A4, 2014 audi a4, Audi A4, audi a4, Audi, A4, a4, Used Audi

☐ **Audi A4 1.8A TFSI MU** | \$77,300 | \$11,520 /yr | 31-Dec-2014 | 1,798 cc | 79,000 km | Luxury | Available
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 ☆ Posted: 27-Mar-2019 Tags: 2014 Audi A4, 2014 audi a4, Audi A4, audi a4, Audi, A4, a4, Used Audi

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