INS. CASE OWNE	ER:	CC4/ MM 190	0 8 +5]	T QUS DAC	
Surveyor:	04	ASSIGN	MENT	Date Title 6	15/19
Tre-assign / CCU	J/FTE			Refression Mermen	_ 10151-1
Insured Vehicle N	sku	29465	C1 :		
***	10.		Claim No.	:	
Name of Insured	1		Policy No.	:	Dex.
Insured Tel No.	1	HP:	Make / Model		
Excess Sec II :SS		D.O.A: 13/5/19	Place of Accid	ent:	i i
Is driver the owner	T? (YES / NO)	Nature of Accident :			
If NO, Driver Na	ime / Age :	· ·	OI GIA REPO	RT: YES / NO ; TP GIA REI	OORT: VEC /NO
Driver Tel		(V/L: YES / NO.)	Insured Liabili		Yes/No
5m0 622	0 M			y. /o Filial .	1037110
71110 010	<u>√√3</u> → <u></u>		·		
INSRS: WSP: Tel: Liability: RMKS:	Ando INSRS WSP: Tel: Liabili RMKS	ity:	INSRS: WSP: Tel: Liability: RMKS:	Te Lie	SRS: SP: l: ability: MKS:
Date/ Time		8			
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SW10 62705 X	; SKU 2946	C 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:	
		The state of the s		Documentation Check List:	Handler Typist
				Notification ltr (if non-pickup)	5 22
		3,		After call ltr to OI:	
1	12			Authorisation To Act: Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	
			a 11	Towing Invoice	
E 3				LTA/GIA:	
				Medical Bill:	
		*		PIR:	
. 2				Mandate/Reject Instruction:	
4	- x	1		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 Final Liability:	Date/Time:	Confirm with	2	Email Call	·
Repair Cost:	% (Agreed	/ Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia:	
Loss of Rental (LOR):	S\$ (days)	18		
Loss of Use (LOU):	S\$ (\$ x				
LOSS OF USC (LOU):					2
Loss of Income (LOI):	S\$ (\$ x				
Loss of Income (LOI): LOR only LOU only	LOR + LOU I	OR + LOI [Tick only on	e]		
Loss of Income (LOI): LOR only LOU only GIA/LTA Search	LOR + LOU I	OR + LOI [Tick only on	e]		X
Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical:	V LOR + LOU I			1) Claim status: Normal/Reje	ect/Private Settle
Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement:	V LOR + LOU I S\$ S\$ S\$	OR + LOI [Tick only on (e.g. Tow/ Independe		2) Report Format:	ect/Private Settle
Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement:	V LOR + LOU I				ect/Private Settle
Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost	LOR + LOU	(e.g. Tow/ Independe		2) Report Format: 3) Survey fee:	ect/Private Settle
Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost Total: FINAL PAYMENT	LOR + LOU	(e.g. Tow/ Independe		2) Report Format:	ect/Private Settle
Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost Total:	LOR + LOU I S\$ S\$ S\$ S\$ S\$ Date/Time:	(e.g. Tow/ Independe Global Sum S\$: Confirm with:		2) Report Format: 3) Survey fee:	ect/Private Settle

REF: A19

ASSIGNMENT

From: Date: 14.5. Estimated Cost: OD (TP) WS / TP, RES / OD RES / EVA / INV / MV	Veh No: SMD 6220 S Type: M.Can / M.Cycle / Bus / Van Truck / Trailer or	
To Inspect Vehicle No: SMD 62205		G.10 cc 1395
at Workshop m/s Carz Auto	Colour white	Golf c.c 1395 A/C: Insured / Std / NI / NA
of 61 woodland Industrial Park E940		T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:	
Policy No.	C/No: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	AUZFW107759
Claims No.	Gen. Cond: Good / Fair / Poor / Bu	
Sum Insured: Excess:	Steering: Inorde / Jammed / Leak	ed / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leak	ed / Burnt or
Make of Veh: Morning	Modi: Nil / SIRim / STD A/Rim	or
(Policy Condition)	Tyre Size: F: 225/46) K(8
Remark; The veh had commenced its	S O/S BS / DUN / EXNOVA / GY / FS / LIZ	ZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO Or Continu	intal
Bal. or Market Value:	Front	Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm	R/Bal. (mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm	L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A.	D.O.I. (7/5/19)
Lum Sum: % 3 Val.: Yes or No	Survey held at	arz Auto
CA / REV / REP. / 24 HRS WY	Des. of Damages : Frt / Rear / O/	
Date: Person Contacted:		ody Structure affected due to collision.
Date / Time Action / Instruction	,	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
1) : Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?		Transportation:
2)	Add Fee: Site Insp (\$)S+RS,SI
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$	- Weekend (\$)
		TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Foreign Identification Number	
Owner ID: Vehicle Details	3772N	
Vehicle No.:	SMD6220S	
Vehicle to be Exported:	No.	
Intended Deregistration Date:	22 May 2019	
Vehicle Make:	VOLKSWAGEN	
Vehicle Model:	GOLF A7 1.4 TSI 5G13GZ SR HID LED	
Primary Colour:	White	
Manufacturing Year:	2014	
Engine No.:	CXS222536	
Chassis No.:	WVWZZZAUZFW107759	
Maximum Power Output:	90.0 kW (120 bhp)	
Open Market Value:	\$23,147.00	
Original Registration Date:	19 Nov 2014	
First Registration Date:		
ransfer Count:	19 Nov 2014	
Actual ARF Paid: Intended PARF Rebate Details	\$9,406.00	
ARF Eligibility:	Yes	
ARF Eligibility Expiry Date:		
ARF Rebate Amount: ntended COE Rebate Details	18 Nov 2024 \$7,054.00	
OE Expiry Date:	18 Nov 2024	
OE Category:		
OE Period(Years):	A - Car up to 1600cc & 97kW (130bhp)	
P Paid:		
OE Rebate Amount:	\$64,900.00	
etal Rebate Amount:	\$35,635.00 \$42,689.00	

OK