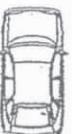
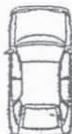


Surveyor: M. Prens DOI: ASSIGNMENT Date / Time: 03/04/2019  
 Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE  
 Insured Vehicle No. : CB 7735 X Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II : SS \_\_\_\_\_ D.O.A. : 29/3/19 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. : \_\_\_\_\_ (VL: YES / NO) Insured Liability : % Final ? Yes / No



SLM 2676 B → → → →

INSRS: WSP: Fastech Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_  
 INSRS: WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_  
 INSRS: WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_  
 INSRS: WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
<u>SLM 2676 B - X ; CB 7735 X - X</u>	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>L/S \$5,000</u> ( <u>3</u> days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> Date/Time: <u>1/3/2020</u> Confirm with <u>Jason</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>23</u> If NO or B 28, Ass. Lia :		
Repair Cost: <u>\$5,350.00</u>		
Loss of Rental (LOR): <u>\$300</u> ( <u>3</u> days) x \$100		
Loss of Use (LOU): <u>\$ -</u> (\$ - x - days)		
Loss of Income (LOI): <u>\$ -</u> (\$ - x - days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search <u>\$2.00</u>		
Medical: <u>\$ -</u>		
Disbursement: <u>\$ -</u> (e.g. Tow/ Independent)		
Legal Cost <u>\$ -</u>		
<b>Total:</b> <u>\$5,652</u> Global Sum S\$:		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: <u>\$5,652</u> Name 1: <u>KIM CHWEE AUTO PTE LTD</u>		
Payee 2: (Strike if N.A.) <u>\$ -</u> Name 2: _____		
Payee 3: (Strike if N.A.) <u>\$ -</u> Name 3: _____		

1) Claim status: Normal/TP  
 2) Report Format: TP  
 3) Survey fee: \$400

08/11/13 wef

REF:

CT1

ASS. REC. BY: Marcus

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: S2M2676  
 at Workshop m/s: ff.  
 of \_\_\_\_\_  
 Insured: CB7735X  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

N/S	O/S

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

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
 G/A / PR Seen: 2 Consistent?: Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Veh No: S2M2676B Yr Regn: 3017  
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or CA  
 Make: BMW 116D c.c. 1496  
 Colour: white A/C: Insured / Std / NI / NA  
 Sp. Reading: 34367 T/Radio: Insured / Std / NI / NA  
 Eng/No: W3A1V725DU725489  
 C/No: \_\_\_\_\_  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 205/55R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or  
 Front 6 mm Rear 6 mm  
 R/Bal. 6 mm R/Bal. 6 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. 29/3/19 D.O.I. 3/4/19  
 Survey held at \_\_\_\_\_  
 Des. of Damages: FR / Rear / O/S / N/S / U/C / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction  
attached OI report. have 2.A

Date/Time, File Pass to?

: Preli. Report  
 : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:  
Transportation:

1) Date/Time, File Return to?

2)

Add Fee:  : Site Insp (\$ \_\_\_\_\_) \$ + RS. \$  
 : Interview (\$ \_\_\_\_\_) Photos  
 : Tech. Invs (\$ \_\_\_\_\_) Others  
 : Weekend (\$ \_\_\_\_\_)

Report Format :

Lump Sum / I.B.I. (\$ \_\_\_\_\_)

TOTAL

## &gt; Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	0451G
<b>Vehicle Details</b>	
Vehicle No.:	SLM2676B
Vehicle to be Exported:	No
Intended Deregistration Date:	27 May 2019
Vehicle Make:	B.M.W.
Vehicle Model:	116D 5DR HATCH DSC LED
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	30019763B37D15A
Chassis No.:	WBA1V72050V725489
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$24,555.00
Original Registration Date:	27 Mar 2017
First Registration Date:	27 Mar 2017
Transfer Count:	1
Actual ARF Paid:	\$11,377.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Mar 2027
PARF Rebate Amount:	\$8,532.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	26 Mar 2027
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$52,600.00
COE Rebate Amount:	\$39,809.00
<b>Total Rebate Amount:</b>	<b>\$48,341.00</b>

The information contained herein is correct as at 27 May 2019

OK