

INS. CASE OWNER:

CC 4/11 1900 9692, G403

LAK:

IDAC:

Surveyor:

DOI:

Date / Time:

Pre-assign / CCU / FTE

Registered in Merimen:



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final? Yes / No



INSRS:

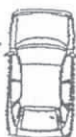
WSP:

Tel:

Liability:

RMKS:

Wolkswagen



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

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\$

Total:

S\$

Global Sum S\$:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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:

(08/11/13)

Surveyor

REF:

III

7831i

ASSIGNMENT

From:

Date:

4/6/2019

Veh No:

SMG69608

Yr Regn:

28 Dec 2018

Estimated Cost:

Type: ☒ M.Cas / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD ☒ (TP) WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No: SMG69602

Make:

Volkswagen Arteon.c 1984

at Workshop m/s Volkswagen

Colour

Grey

A/C: Insured / Std / NI / NA

of 1 ramping input.

Sp. Reading

4202

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

WU W222 3H2KE 005995

Claims No.:

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: ☒ In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: ☒ In order / Jammed / Leaked / Burnt or

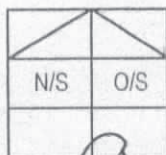
Make of Veh:

3pm @ owner waiting

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

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



Bal. or Market Value:

Front

Rear

IDAC Accident Rpt: Consistent? : Yes or No

R/Bal.

9 mm

R/Bal.

9 mm

GIA / PR Seen: Consistent? : Yes or No

L/Bal.

9 mm

L/Bal.

9 mm

Est. Repairs: days Res.: Yes or No

D.O.A.

D.O.I.

04-06-17

Lum Sum: % 3 Val.: Yes or No

Survey held at

w/s

3pm

CA / REV / REP. / 24 HRS

mp

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

Date:

Person Contacted:

Vehicle: IN / OUT

The U/C / Chassis frame / Body 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:

Date/Time, File Return to?

2)

Add Fee:



Site Insp (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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



Interview (\$



Tech. Invs (\$



Weekend (\$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	78311
Vehicle No.:	SMG6960Z
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Jun 2019
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	ARTEON R-LINE
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	DJH068311
Chassis No.:	WVWZZZ3HZKE005995
Maximum Power Output:	206.0 kW (276 bhp)
Open Market Value:	\$45,416.00
Original Registration Date:	28 Dec 2018
First Registration Date:	28 Dec 2018
Transfer Count:	0
Actual ARF Paid:	\$55,583.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Dec 2028
PARF Rebate Amount:	\$41,687.00
COE Expiry Date:	27 Dec 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$31,001.00
COE Rebate Amount:	\$29,634.00
Total Rebate Amount:	\$71,321.00

The information contained herein is correct as at 05 Jun 2019

OK