INS. CASE OWNER: CC 4/AIG 1900 9795 / K K03 | IDAC:

ASSIGNMENT

Surveyor: Steve DOI: 6/6/19 Date / Time : 3/6/19

Registered in Merimen: 3/6/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SKX8356P		Claim No. :	
Name of Insured : POPULAR RENT A CAR P/L		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 29/05/2019	Place of Accident :	
Is driver the owner? (YES / NO) [NO circled]	Nature of Accident :		
If NO, Driver Name / Age :		OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]	
Driver Tel No. :	(V/L: YES / NO) [YES circled]	Insured Liability : %	**Final ? Yes / No**

SGT 4050R → ______ → ______ → ______

INSRS: WSP: Volkswagen. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SGT 4050R . x ;
	SKX8356P . CS3/AIG/60035751/UWB52-1 ; DOA: 6/2/16

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:	

(08/11/13)

ASS. REC. BY: Steve | REF AG

ASSIGNMENT

From: | Date: 06/6/19

Estimated Cost:

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

To Inspect Vehicle No: SGT 4050R

at Workshop m/s Volkswagen

of 247 Alexandra Rd

Insured:

Policy No.

Claims No.

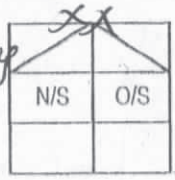
Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition) 10.30am owner waiting

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



Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGT 4050R Yr Regn: 30/11/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Volkswagen Passat c.c 1798

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 59615 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVW2223C2GE090386

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/55R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Firelli

	Front		Rear	
R/Bal.	7	mm	7	mm
L/Bal.	7	mm	7	mm
D.O.A.	29/5/19		D.O.I.	6/6/19

Survey held at Volkswagen, Alexandra Rd.

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

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

Date / Time	Action / Instruction
	MV - 95K

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8779F
Vehicle Details	
Vehicle No.:	SGT4050R
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Jun 2019
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	PASSAT B8 1.8 TFSI AT SR NAV 17W 3G24JZ
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	CJS125271
Chassis No.:	WVWZZZ3CZGE090386
Maximum Power Output:	132.0 kW (177 bhp)
Open Market Value:	$31,499.00
Original Registration Date:	30 Nov 2016
First Registration Date:	30 Nov 2016
Transfer Count:	0
Actual ARF Paid:	$31,099.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Nov 2026
PARF Rebate Amount:	$23,324.00
Intended COE Rebate Details	
COE Expiry Date:	29 Nov 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$55,501.00
COE Rebate Amount:	$41,517.00
Total Rebate Amount:	**$64,841.00**

The information contained herein is correct as at 06 Jun 2019

OK