

15/5/2010

INS. CASE OWNER:

Wang Pefar

CC 4, Asm 190 10635, A pa3

LKK:

IDAC:

121496

Surveyor:

WMP

DOI:

ASSIGNMENT

14/6/19

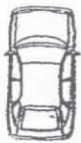
Date / Time:

14/6/19

Registered in Merimen:

Pre-assign / CCU / FTE

SHD 134 G



Insured Vehicle No.:

71C SVS PLC

Claim No.:

59 mo1220

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

5,000.00

D.O.A.:

10/6/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SLT 258B



INSRS:

WSP:

Tel:

Liability:

RMKS:

Premium



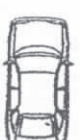
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SLT 258B - X

SHD 134 G - C03/m18013256/1903/1904/1905

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. _____

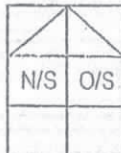
Claims No. _____

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: 145K

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: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLT258B Yr Regn: 2017 / octType: 6 M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A5 SB c.c. 1984Colour: Black A/C: Insured / Std / NI / NASp. Reading: 51538 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZF51JA034302Gen. Cond: 6 Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / 6 STD A/Rim orTyre Size: F: 245/40R18R: 245/40R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU 6 PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 14/06/19Survey held at PremisesDes. of Damages: Frt / 6 O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

TPAXAMV: 145KPV: 70.31KNett: 74.7K

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)

2)

3)

4)

5)

6)

Prel. Report:

Final Report:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2847J
Vehicle Details	
Vehicle No.:	SLT258B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	17 Jun 2019
Vehicle Make:	AUDI
Vehicle Model:	A5 SB 2.0 TFSI S TRONIC (DESIGN)
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	CVK047182
Chassis No.:	WAUZZZF51JA034302
Maximum Power Output:	140.0 kW (187 bhp)
Open Market Value:	\$39,561.00
Original Registration Date:	13 Oct 2017
First Registration Date:	13 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$42,386.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Oct 2027
PARF Rebate Amount:	\$31,789.00
Intended COE Rebate Details	
COE Expiry Date:	12 Oct 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,109.00
COE Rebate Amount:	\$38,487.00
Total Rebate Amount:	\$70,276.00

The information contained herein is correct as at 17 Jun 2019

OK