

INS. CASE OWNER:

cc6 / EQ1 190 12772, 14903

LKK:

IDAC:

Surveyor:

MPB

DOI:

ASSIGNMENT

2/1/19

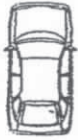
Date / Time :

19/1/2019

Registered in Merimen:

Pre-assign / CCU / FTE

666 94824



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

18/07/2019

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. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SMF 96002



INSRS:

WSP:

Tel :

Liability :

RMKS:

Lisheng.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                                                                                |                                                 | STAGE                              | DATE / PIC                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------|----------------------------------------------------------------|
|                                                                                                                                           | SMF 96002 - X                                   | Non-Reporting ltr (1st):           |                                                                |
|                                                                                                                                           | 666 94824. CS2/FWD (80017881562) : 2019 18/1/18 | 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)   | <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                           |                                                 | After call ltr to OI:              | <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                           |                                                 | Authorisation To Act:              | <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                           |                                                 | Release Voucher:                   | <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                           |                                                 | Final Repair Bill:                 | <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                           |                                                 | Car Rental Invoice:                | <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                           |                                                 | Towing Invoice                     | <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                           |                                                 | LTA / GIA :                        | <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                           |                                                 | Medical Bill:                      | <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                           |                                                 | PIR:                               | <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                           |                                                 | Mandate/Reject Instruction:        | <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                           |                                                 | LOD                                | <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                           |                                                 | Payment Breakdown Form:            | <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                           |                                                 | Post-Repair Photos:                | <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                                                                           |                                                 | Others:                            | <input type="checkbox"/> <input type="checkbox"/>              |
| <b>PRELIMINARY ADVICE</b> Date/Time: Sent By:                                                                                             |                                                 |                                    |                                                                |
| <b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:                                                                                  |                                                 |                                    |                                                                |
| Repair Cost:                                                                                                                              | S\$                                             | ( days) Reduction:                 | % Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>                             |                                                 |                                    |                                                                |
| 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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> | [Tick only one]                                 |                                    |                                                                |
| GIA/LTA Search                                                                                                                            | S\$                                             |                                    |                                                                |
| Medical:                                                                                                                                  | S\$                                             |                                    |                                                                |
| Disbursement:                                                                                                                             | S\$                                             | (e.g. Tow/ Independent)            |                                                                |
| Legal Cost                                                                                                                                | S\$                                             |                                    |                                                                |
| Total:                                                                                                                                    | S\$                                             | Global Sum S\$:                    |                                                                |
| <b>FINAL PAYMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>                                |                                                 |                                    |                                                                |
| 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:

EQI

2422

## ASSIGNMENT

From:

Date:

22/7/19

Estimated Cost:

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

To Inspect Vehicle No:

SMF 96002

at Workshop m/s

Li Sheng Automobile

of

18 pendon loop # 01-18

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

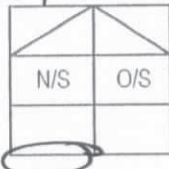
10am - 1pm

10h @ 83987469

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.



Bal. or Market Value:

32k

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

up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMF 96002

Yr Regn: 2011 / OCT

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

Truck / Trailer or

Make:

Volkswagen scaro 1.4 c.c 1390

Colour:

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

95501

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVW222132CV004950

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:

235/402R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

18/07/19

D.O.I.

22/07/19

Survey held at

Li Sheng

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

Rear N/S

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

Date / Time

Action / Instruction

repair cost 4.5k

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, St

Photos

Others

TOTAL

Report Format:

Lump Sum / LBJ: (\$)

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars     |                                    |
|-------------------------------|------------------------------------|
| Owner ID Type:                | Singapore NRIC                     |
| Owner ID:                     | 242D                               |
| Vehicle Details               |                                    |
| Vehicle No.:                  | SMF9600Z                           |
| Vehicle to be Exported:       | No                                 |
| Intended Deregistration Date: | 23 Jul 2019                        |
| Vehicle Make:                 | VOLKSWAGEN                         |
| Vehicle Model:                | SCIROCCO 1.4L AT TSI 1372Q5 SR HID |
| Primary Colour:               | White                              |
| Manufacturing Year:           | 2011                               |
| Engine No.:                   | CAV327135                          |
| Chassis No.:                  | WVWZZZ13ZCV004950                  |
| Maximum Power Output:         | 118.0 kW (158 bhp)                 |
| Open Market Value:            | \$27,679.00                        |
| Original Registration Date:   | 18 Oct 2011                        |
| First Registration Date:      | 18 Oct 2011                        |
| Transfer Count:               | 1                                  |
| Actual ARF Paid:              | \$27,679.00                        |
| Intended PARF Rebate Details  |                                    |
| PARF Eligibility:             | Yes                                |
| PARF Eligibility Expiry Date: | 17 Oct 2021                        |
| PARF Rebate Amount:           | \$16,607.00                        |
| Intended COE Rebate Details   |                                    |
| COE Expiry Date:              | 17 Oct 2021                        |
| COE Category:                 | A - Car (1600cc & below)           |
| COE Period(Years):            | 10                                 |
| QP Paid:                      | \$46,989.00                        |
| COE Rebate Amount:            | \$10,487.00                        |
| <b>Total Rebate Amount:</b>   | <b>\$27,094.00</b>                 |

The information contained herein is correct as at 23 Jul 2019

OK

32,000  
 27,094  
 -----  
 4,906  
 -----  
 (4.5k)