

INS. CASE OWNER:

Norsiah

CC3/AIG19014261/ E ea3

LKK:

IDAC:

Surveyor:

STCVR

DOI:

ASSIGNMENT

20/8/19

Date / Time : 15/08/2019

Registered in Merimen: 15/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SFT 3233Z

Claim No. : 3380847756SG

Name of Insured : CHEW SEE MOI

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 12/08/2019

Place of Accident : CLEMENTI MALL BASEMENT CARPARK

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : YANG JIZHENG

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

Driver Tel No. : 9878 9682 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLG 3604J

INSRS:
WSP: Performance Motors
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLG 3604J - X	Non-Reporting ltr (1st):	
SFT 3233Z - CC4/AIG19014210/Kkb3 ; DOA : 12/8/19	Non-Reporting ltr (2nd):	
- NA/INC15001789/n4 ; DOA : 29/1/15	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: \$ (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: \$		
Loss of Rental (LOR): \$ (days)		
Loss of Use (LOU): \$ (\$ x days)		
Loss of Income (LOI): \$ (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search \$		
Medical: \$		
Disbursement: \$ (e.g. Tow/ Independent)		
Legal Cost \$		
Total: \$ Global Sum \$: _____		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1: \$ Name 1: _____		
Payee 2: (Strike if N.A.) \$ Name 2: _____		
Payee 3: (Strike if N.A.) \$ Name 3: _____		

(08/11/14)

Surveyor

Steve

REF: A19

ASSIGNMENT

From:

Date: 20.8.2019

Estimated Cost:

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

To Inspect Vehicle No: SLG 3604J

at Workshop m/s Performance

of 303 Alexandra road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Before 12pm
Infringement

(Policy Condition)

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

X	
N/S	O/S

Bal. or Market Value:

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

mp"

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLG 3604J

Yr Regn: 28/1/16

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

Truck / Trailer or

Make: BMW 318

c.c 1499

Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 34910

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

W08AE 36030N432976

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/50R17

R:

4.

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

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 12/8/19

D.O.I. 20/8/19

Survey held at

Performance m/s

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- 199K

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair:

1)

☐ : Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

Survey Fee:

Transportation:

2)

Add Fee: ☐ : Site Insp (\$)

) \$ + RS, \$ SI

☐ : Interview (\$)

) Photos

☐ : Tech. Invs (\$)

) Others

☐ : Weekend (\$)

)

TOTAL

Report Format :

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	467G
Vehicle Details	
Vehicle No.:	SLG3604J
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Aug 2019
Vehicle Make:	B.M.W.
Vehicle Model:	318I SEDAN LED NAV
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	F4391443B38B15A
Chassis No.:	WBA8E36030NU32076
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,860.00
Original Registration Date:	28 Sep 2016
First Registration Date:	28 Sep 2016
Transfer Count:	0
Actual ARF Paid:	\$28,804.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Sep 2026
PARF Rebate Amount:	\$21,603.00
Intended COE Rebate Details	
COE Expiry Date:	27 Sep 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$55,501.00
COE Rebate Amount:	\$39,421.00
Total Rebate Amount:	\$61,024.00

The information contained herein is correct as at 20 Aug 2019

OK