

INS. CASE OWNER:

TEO Kitty

CC4/ASM19014597/ Kga3

LKK:

IDAC: 132483

## ASSIGNMENT

Surveyor:

Kenneth

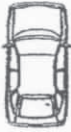
DOI:

26/8/2019

Date / Time : 20/08/19

Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No. : SLV 935U

Claim No. : S9M01XF1

Name of Insured : LEE YU MING

Policy No. : GA306930/1

Insured Tel No. : HP: +65-96835017

Make / Model : TOYOTA COROLLA ALTIS-1.6 (A)

Excess Sec II : S\$

D.O.A : 18/08/2019 10:30

SLIP RD FROM UPP PAYA LEBAR RD TO UPP SERANGOON RD

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

SMK 4192R



INSRS: LIM TAN

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                                                                                | SMK 4192R - X   | SLV 935U - X                       | 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)              | <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\$             |                                    | 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\$:                    |                                               |                                                              |                          |
| <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:                            |                                               |                                                              |                          |

2008/11/19

Surveyor

REF:

ASM

## ASSIGNMENT

From:

Date:

26-8-2009

Estimated Cost:

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

To Inspect Vehicle No: SMK 4912R

at Workshop m/s Lim Tan

of Blk 176 Sin Ming Drive #03-09

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: After 10.30a.m

(Policy Condition)

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

Bal. or Market Value:

S 73k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

1.31%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

my

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time

Action / Instruction

Veh No:

SMK 4192R

Yr Regn:

04, 19

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

Truck / Trailer or

Make:

Honda 15T

C.C.

1317

Colour:

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

1633

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

GK 3

13 43914

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

175/70R14

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

18/8/119

D.O.I.

26/8/119

Survey held at

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

Rear O/S

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

OPC

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$ )

☐

Interview (\$ )

☐

Tech. Invs (\$ )

☐

Weekend (\$ )

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

|                                          |                                      |
|------------------------------------------|--------------------------------------|
| <b>Vehicle Owner Particulars</b>         |                                      |
| Owner ID Type:                           | Singapore NRIC                       |
| Owner ID:                                | 981E                                 |
| <b>Vehicle Details</b>                   |                                      |
| Vehicle No.:                             | SMK4192R                             |
| Vehicle to be Exported:                  | Yes                                  |
| Intended Deregistration Date:            | 23 Aug 2019                          |
| Vehicle Make:                            | HONDA                                |
| Vehicle Model:                           | FIT 1.3 GF CVT                       |
| Primary Colour:                          | Silver                               |
| Manufacturing Year:                      | 2019                                 |
| Engine No.:                              | L13B1452259                          |
| Chassis No.:                             | GK31343914                           |
| Maximum Power Output:                    | 73.0 kW (97 bhp)                     |
| Open Market Value:                       | \$15,094.00                          |
| Original Registration Date:              | 09 Apr 2019                          |
| First Registration Date:                 | 09 Apr 2019                          |
| Transfer Count:                          | 0                                    |
| Actual ARF Paid:                         | \$5,094.00                           |
| <b>OPC Cash Rebate Details</b>           |                                      |
| OPC Cash Rebate Eligibility:             | No                                   |
| OPC Cash Rebate Eligibility Expiry Date: | -                                    |
| OPC Cash Rebate Amount:                  | -                                    |
| <b>Intended PARF Rebate Details</b>      |                                      |
| PARF Eligibility:                        | Yes                                  |
| PARF Eligibility Expiry Date:            | 08 Apr 2029                          |
| PARF Rebate Amount:                      | \$3,820.00                           |
| <b>Intended COE Rebate Details</b>       |                                      |
| COE Expiry Date:                         | 08 Apr 2029                          |
| COE Category:                            | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years):                       | 10                                   |
| QP Paid:                                 | \$9,301.00                           |
| COE Rebate Amount:                       | \$7,440.00                           |
| <b>Total Rebate Amount:</b>              | <b>\$11,260.00</b>                   |

The information contained herein is correct as at 23 Aug 2019

OK