15/5/2010

INS. CASE OWNER: LOH Cynthia | CC4/ASM19015106/ K pa3 | LKK: IDAC: 133904

ASSIGNMENT

Surveyor: KSL DOI: 27/8/19 Date / Time : 27/08/2019

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SFA585C Claim No. : S9M01S7I

Name of Insured : SOH KOK PENG,DESMOND Policy No. : VPA/P2204058

Insured Tel No. : HP: +65-97691820 Make / Model : HYUNDAI ELANTRA AD 1.6 GLS AT (AMS)

Excess Sec II :S$ D.O.A : 27/06/2019 08:50 Place of Accident : ALONG SLE TOWARDS BKE

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**

SLR 2896G → SLP 1681B → SFA 585C → SJY 1178P → SLG 9191T

SLP 1681B	SFA 585C	SJY 1178P	SLG 9191T
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: Poon Poong Motors	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: OI	RMKS: TP	RMKS:

Date/ Time	
	SJY 1178P - X SFA 585C - 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)		
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:	

ASS. REC. BY: Kenneth | REF: ADA /

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Poon Poong

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: $10,200

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

Date: _____ Person Contacted: Henry Khoo Vehicle: IN / OUT

Veh No: SJY1178P Yr Regn: 08, 09

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

Make: Mazda 3 c.c 1598

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

Sp.Reading 206820 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BL107*A0111364

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/55R16

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	27/6/19	D.O.I.	27/8/19

Survey held at _____

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

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

Date / Time	Action / Instruction
/	File pass to
	to other cash-in-lieu.

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. 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:	$ + RS. SI
Parking	
Others	
TOTAL	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	268W
Vehicle Details	
Vehicle No.:	SJY1178P
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Aug 2019
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 1.6L SDN
Primary Colour:	Red
Manufacturing Year:	2009
Engine No.:	Z6803428
Chassis No.:	JM6BL10Z1A0111341
Maximum Power Output:	77.0 kW (103 bhp)
Open Market Value:	$19,925.00
Original Registration Date:	31 Aug 2009
First Registration Date:	31 Aug 2009
Transfer Count:	3
Actual ARF Paid:	$19,925.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Aug 2019
PARF Rebate Amount:	$9,962.00
Intended COE Rebate Details	
COE Expiry Date:	30 Aug 2019
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	$15,019.00
COE Rebate Amount:	$8.00
Total Rebate Amount:	**$9,970.00**

The information contained herein is correct as at 28 Aug 2019

OK