

INS. CASE OWNER:

Bennie Tan

CC4/AIG19016047/R1ea3

LKK:

IDAC:

**ASSIGNMENT**

Surveyor:

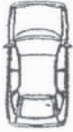
RASUL

DOI: 24/09/2019

Date / Time : 10/09/2019

Registered in Merimen: 10/09/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 634U

Name of Insured : SJ GREEN ENTERPRISE

Insured Tel No. : HP:

Excess Sec II :S\$

D.O.A : 31/08/2019 14:20

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

If NO, Driver Name / Age : LIM TOW TIANG

Driver Tel No. : +65-96683694 (V/L: YES / NO )

Claim No. : 7372540895SG

Policy No. : 1800152923

Make / Model : NISSAN NV200-1.5 (M)

Place of Accident : ORANGE GROVE ROAD

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

Insured Liability : % Final ? Yes / No

SKN 3090R

INSRS:  
WSP: TTS EUROCARS  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	GBJ634U - X	SKN 3090R - 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"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<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 )	1) Claim status: Normal/Reject/Private Settle	
Legal Cost	S\$	2) Report Format:		
		3) Survey fee:		
<b>Total:</b>	<b>S\$</b>	<b>Global Sum S\$:</b>		
<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:

Rasul

REF:

AIG

259T

## ASSIGNMENT

From:

Date:

24/9/19

Estimated Cost:

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

To Inspect Vehicle No:

SKN 3090R

at Workshop m/s

TTS Eurokars

of

383 Sin Ming Drive

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

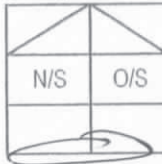
3pm (working)

Ms. Kani @ 9763 7000

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.



Bal. or Market Value:

59k

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

Cup

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKN 3090R

Yr Regn:

2014 / May

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

Truck / Trailer or

Make:

MAZDA CX-5 2.0L

C.C.

1998

Colour:

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

99519

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JM6KE 1071 E0251256

Gen. Cond: Good / ☒ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modi:

Nil / ☒ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

225/65 R17

R:

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

TOYO / ☒ YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

31/08/19

D.O.I.

24/09/19

Survey held at

TTS EUROKARS

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Report Format :

Lump Sum / L&amp;L: (\$

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

Vehicle Owner Particulars	
Owner ID Type:	Foreign Identification Number
Owner ID:	259T
Vehicle Details	
Vehicle No.:	SKN3090R
Vehicle to be Exported:	Yes
Intended Deregistration Date:	24 Sep 2019
Vehicle Make:	MAZDA
Vehicle Model:	CX-5 5-DOOR WAGON 2.0L SP.6EAT
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	PE30650549
Chassis No.:	JM6KE1071E0251256
Maximum Power Output:	114.0 kW (152 bhp)
Open Market Value:	\$22,334.00
Original Registration Date:	29 May 2014
First Registration Date:	29 May 2014
Transfer Count:	1
Actual ARF Paid:	\$18,268.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 May 2024
PARF Rebate Amount:	\$12,787.00
Intended COE Rebate Details	
COE Expiry Date:	28 May 2024
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$68,103.00
COE Rebate Amount:	\$31,854.00
<b>Total Rebate Amount:</b>	<b>\$44,641.00</b>

The information contained herein is correct as at 24 Sep 2019

OK

59,000  
44,641  

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14,359  

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