

INS. CASE OWNER: **MingYao.Lee**

CC6/AIG19016846/Kda3

LKK:

IDAC:

Surveyor: **KENNETH** DOI: **07/10/2019**Date / Time : **24/09/2019**Registered in Merimen: **24/09/2019**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKF 4013A**Claim No. : **0407534139SG**Name of Insured : **THAE HTET OO**Policy No. : **1700006498**Insured Tel No. : HP: **+65-91299988**Make / Model : **TOYOTA VELLFIRE 2.4Z A**Excess Sec II :S\$ D.O.A : **23/09/2019 15:00**Place of Accident : **BIDEFORD ROAD TOWARDS CAIRHILL ROAD**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)****SKK 2828C**INSRS:
WSP: **OPTIMA WERKZ**

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SKK 2828C - CC4/ASM19005812/Ueb3q2; DOA: 28.3.19	Non-Reporting ltr (1st):	
	SKF 4013A - X	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"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:	
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	(days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		
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:		
Total:		S\$	3) Survey fee:	
FINAL PAYMENT		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:

A19

ASSIGNMENT

From:

Date:

7/10/19

Estimated Cost:

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

To Inspect Vehicle No:

SKK 2828C

at Workshop m/s

Optima WestCZ

of

9A Serangoon North Ave 5

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

After 12pm

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

1.3.1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKK 2828C

Yr Regn:

09 17

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

Truck / Trailer or

Make:

M. Jamb

C.C

199

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

33461

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDC 25334821-183959

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:

235/55R19

R:

255/50R19

BS / DUN / EXNOVA / 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.

23/9/19

D.O.I.

7/10/19

Survey held at

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:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

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:	210A
Vehicle Details	
Vehicle No.:	SKK2828C
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Sep 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	GLC250 AMG COUPE 4MATIC AUTO
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	27492030891812
Chassis No.:	WDC2533462F183959
Maximum Power Output:	155.0 kW (207 bhp)
Open Market Value:	\$48,029.00
Original Registration Date:	22 Sep 2017
First Registration Date:	22 Sep 2017
Transfer Count:	0
Actual ARF Paid:	\$59,241.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Sep 2027
PARF Rebate Amount:	\$44,430.00
Intended COE Rebate Details	
COE Expiry Date:	21 Sep 2027
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$48,005.00
COE Rebate Amount:	\$38,374.00
Total Rebate Amount:	\$82,804.00

The information contained herein is correct as at 24 Sep 2019

OK