15/5/2010

INS. CASE OWNER: NORSIAH | CC4/AIG19018569/T1ea3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 21/10/19 Date / Time : 18/10/2019

Registered in Merimen: 21/10/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SBV 686G Claim No. : 2333759510SG

Name of Insured : TOK SOO HWA (ZHUO SUHUA) Policy No. : 1800073308

Insured Tel No. : HP: +65-82886003 Make / Model : SUBARU IMPREZA 4D-2.0 I-S EYESIGHT (A)

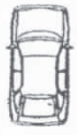
Excess Sec II :S$ D.O.A : 18/10/2019 07:45 Place of Accident : JUNC TELOK BLANGAH RD & KAMPONG BAHRU RD

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

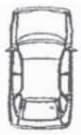
If **NO**, Driver Name / Age : MATTHEW NG SWEE LAM OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-98360656 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLZ 34Z → → →



INSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLZ 34Z SBV686G NA/FWD19018407/z4; DOA: 18/10/19

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: Taufik | REF: AUG 18869/11e

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____ _____

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.**

N/S	O/S
X	

Bal. or Market Value: $41K.

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

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SLZ 342. Yr Regn: 2011, Jan.

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or _____

Make: BMW 523I c.c 2497.

Colour Grey A/C: **Insured / Std / NI / NA**

Sp.Reading 126707 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: WBAFP32090C547607

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: 225/55R17

R: 〃

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	21/10/19.

Survey held at Teamwork.

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / E.P. : (_____)

Survey Fee:	
Transportation:	
___$ + RS. ___SI	
Photos	
Others	
TOTAL	

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	269G
Vehicle Details	
Vehicle No.:	SLZ34Z
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Oct 2019
Vehicle Make:	B.M.W.
Vehicle Model:	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
Primary Colour:	Brown
Manufacturing Year:	2010
Engine No.:	05327640N52B25AF
Chassis No.:	WBAFP32090C547607
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	$39,046.00
Original Registration Date:	20 Jan 2011
First Registration Date:	20 Jan 2011
Transfer Count:	2
Actual ARF Paid:	$39,046.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Jan 2021
PARF Rebate Amount:	$21,475.00
Intended COE Rebate Details	
COE Expiry Date:	19 Jan 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	$44,600.00
COE Rebate Amount:	$5,551.00
Total Rebate Amount:	**$27,026.00**

The information contained herein is correct as at 21 Oct 2019

OK