

INS. CASE OWNER:

SALIHA

CC4/AIG19018579/Aha3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

ADRIAN

DOI: 21/10/19

Date / Time : 21/10/19

Registered in Merimen: 21/10/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ 7108X

Claim No. : 0548104893SG

Name of Insured : BIS MOTORING PTE LTD

Policy No. : 0999994322

Insured Tel No. : HP:

Make / Model : KIA CARENS 1.7 DCT DIESEL 5DR

Excess Sec II :S\$

D.O.A : 18/10/2019 16:50

Place of Accident : ECP TOWARDS CHANGI AIRPORT NEAR FORT ROAD EXIT

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

If NO, Driver Name / Age : YEO TECK HOR DERRICK

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

Driver Tel No. : +65-98326894

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SKN 2910G

INSRS:  
WSP: ACE AUTOLUTION  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time  | STAGE                                    | DATE / PIC   |
|---|--|--|
| SKN 2910G - NA/INC14015044/d2; DOA: 7/8/14  | Non-Reporting ltr (1st):                 |  |
| SMJ 7108X - 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"/>                                     |
| PRELIMINARY ADVICE Date/Time:   | Sent By:                                 | Post-Repair Photos: <input type="checkbox"/>                 |
|   |  | Others: <input type="checkbox"/>                             |
| 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. :       | 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\$:                          |  |
| 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:

Ala

18574 / Ah

## ASSIGNMENT

From:

Date:

21/10/2019

Estimated Cost:

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

To Inspect Vehicle No:

SKN 2910G

at Workshop m/s

Ace Autolution

of

13 keeki Bukit Rd 4 # 03-29

Insured:

Bentley Biz Centre

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:

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 (wp)

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKN 2910G.

Yr Regn:

2014 / May

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

Truck / Trailer or

Make:

Hyundai Elantra

C.C

1591

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

191386

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMH DH41CMEU12.9409.

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:

215/45R17.

R:

215/45R17.

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

TOYO / YOKO or

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

21/10/19

Survey held at

Ace Autolution.

Des. of Damages

Front / Rear

O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

TP 716.

MV: 47K

(Depreciation @ 9k,  $(\$ \times 4.5) + 7k = 47k$ )

PV: 39.6K

Nett: 7.4K.

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

27/10  
2019 email  
18/10/2019  
GIA

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 785G

### Vehicle Details

Vehicle No.: SKN2910G  
Vehicle to be Exported: Yes  
Intended Deregistration Date: 19 Oct 2019  
Vehicle Make: HYUNDAI  
Vehicle Model: ELANTRA 1.6 AT ABS D/AB 2WD 4DR  
Primary Colour: White  
Manufacturing Year: 2014  
Engine No.: G4FGEU256234  
Chassis No.: KMHDH41CMEU129409  
Maximum Power Output: 97.0 kW (130 bhp)  
Open Market Value: \$13,376.00  
Original Registration Date: 29 May 2014  
First Registration Date: 29 May 2014  
Transfer Count: 0  
Actual ARF Paid: \$13,376.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 28 May 2024  
PARF Rebate Amount: \$9,363.00

### Intended COE Rebate Details

COE Expiry Date: 28 May 2024  
COE Category: A - Car up to 1600cc & 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$65,689.00  
COE Rebate Amount: \$30,266.00  
**Total Rebate Amount: \$39,629.00**

The information contained herein is correct as at 19 Oct 2019

OK