

INS. CASE OWNER: **Bennie Tan**

**CC6/AIG19019380/Uda3**

LKK:  
IDAC:

**ASSIGNMENT**

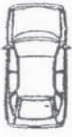
Surveyor: **MARCUS**

DOI: **18/11/2019**

Date / Time : **04.11.2019**

Registered in Merimen: **04.11.2019**

**Pre-assign / CCU / FTE**



Insured Vehicle No. : **SLR 1640J**  
 Name of Insured : **ASIA CARZ LEASING PTE LTD**  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **30/10/2019 13:30**  
 Is driver the owner? ( YES /  NO ) Nature of Accident : \_\_\_\_\_  
 If NO, Driver Name / Age : **NOOR AIDY BIN ABDUL RAHMAN**  
 Driver Tel No. : **+65-97426952** (V/L:  YES / NO )

Claim No. : **4517314529SG**  
 Policy No. : **999994026**  
 Make / Model : **TOYOTA SIENTA**  
 Place of Accident : **ALONG BRADDELL RD BEFORE TOA PAYOH NORTH**

*lvt*

OI GIA REPORT:  YES / NO ; TP GIA REPORT:  YES / NO  
 Insured Liability : % **Final ? Yes / No**

**SLU 9218C**



INSRS:  
WSP: **HOCK WAH**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                | SLR 1640J - X | SLU 9218C - 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:                                        |                                                              |
|                                                                                                                                           |               |                                    | <b>Documentation Check List:</b>                             | <b>Handler</b> <b>Typist</b>                                 |
|                                                                                                                                           |               |                                    | Notification ltr (if non-pickup)                             | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           |               |                                    | After call ltr to OI:                                        | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           |               |                                    | Authorisation To Act:                                        | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           |               |                                    | Release Voucher:                                             | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           |               |                                    | Final Repair Bill:                                           | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           |               |                                    | Car Rental Invoice:                                          | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           |               |                                    | Towing Invoice                                               | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           |               |                                    | LTA / GIA :                                                  | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           |               |                                    | Medical Bill:                                                | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           |               |                                    | PIR:                                                         | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           |               |                                    | Mandate/Reject Instruction:                                  | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           |               |                                    | LOD                                                          | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           |               |                                    | Payment Breakdown Form:                                      | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           |               |                                    | Post-Repair Photos:                                          | <input type="checkbox"/> <input type="checkbox"/>            |
|                                                                                                                                           |               |                                    | Others:                                                      | <input type="checkbox"/> <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"/> |               |                                    |                                                              | <b>[Tick only one]</b>                                       |
| 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:                                               |
| <b>Total:</b>                                                                                                                             | <b>S\$</b>    | <b>Global Sum S\$:</b>             |                                                              | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <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:

*nicus*

REF:

*ALW*

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLU 9218C

at Workshop m/s: Wolewoh

of \_\_\_\_\_

Insured: SLR 1640J

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 |
|     |     |

Bal. or Market Value: 24

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: 30 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: LTA 13509

190M  
Vehicle: IN / OUT

Veh No: SLU 9218C Yr Regn: 7.08

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

Truck / Trailer or CA /

Make: Honda stream c.c 1799

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

Sp. Reading: 13283 / T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: RN 61062520

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: 205/65R14

R: \_\_\_\_\_

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

TOYO / YOKO or Firestone

Front R/Bal. 5 mm Rear R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 30/10/19 D.O.I. 18/11/19

\*Survey held at \_\_\_\_\_

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

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

| Date / Time | Action / Instruction            |
|-------------|---------------------------------|
|             | <u>2/5</u> <u>see 17-7-2023</u> |
|             |                                 |
|             |                                 |
|             |                                 |
|             |                                 |
|             |                                 |
|             |                                 |
|             |                                 |
|             |                                 |

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:         |  |
| _____ \$ + RS. _____ SI |  |
| Photos                  |  |
| Others:                 |  |
| TOTAL                   |  |

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Inve (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Report Format: \_\_\_\_\_

Temp Print / L.B.J. / \_\_\_\_\_

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars                                                                                                                                                                                               |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Owner ID Type:                                                                                                                                                                                                          | Singapore NRIC     |
| Owner ID:                                                                                                                                                                                                               | 190H               |
| Vehicle Details                                                                                                                                                                                                         |                    |
| Vehicle No.:                                                                                                                                                                                                            | SLU9218C           |
| Vehicle to be Exported:                                                                                                                                                                                                 | No                 |
| Intended Deregistration Date:                                                                                                                                                                                           | 18 Nov 2019        |
| Vehicle Make:                                                                                                                                                                                                           | HONDA              |
| Vehicle Model:                                                                                                                                                                                                          | STREAM 1.8X A      |
| Primary Colour:                                                                                                                                                                                                         | Brown              |
| Manufacturing Year:                                                                                                                                                                                                     | 2008               |
| Engine No.:                                                                                                                                                                                                             | R18A1769701        |
| Chassis No.:                                                                                                                                                                                                            | RN61062520         |
| Maximum Power Output:                                                                                                                                                                                                   | 103.0 kW (138 bhp) |
| Open Market Value:                                                                                                                                                                                                      | \$16,536.00        |
| Original Registration Date:                                                                                                                                                                                             | 18 Jul 2008        |
| First Registration Date:                                                                                                                                                                                                | 18 Jul 2008        |
| Transfer Count:                                                                                                                                                                                                         | 1                  |
| Actual ARF Paid:                                                                                                                                                                                                        | \$16,536.00        |
| Intended PARF Rebate Details                                                                                                                                                                                            |                    |
| PARF Eligibility:                                                                                                                                                                                                       | Forfeited          |
| PARF Eligibility Expiry Date:                                                                                                                                                                                           | -                  |
| PARF Rebate Amount:                                                                                                                                                                                                     | \$0.00             |
| Intended COE Rebate Details                                                                                                                                                                                             |                    |
| COE Expiry Date:                                                                                                                                                                                                        | 17 Jul 2023        |
| COE Category:                                                                                                                                                                                                           | E - Open Category  |
| COE Period(Years):                                                                                                                                                                                                      | 5                  |
| PQP Paid:                                                                                                                                                                                                               | \$18,444.00        |
| COE Rebate Amount:                                                                                                                                                                                                      | \$13,509.00        |
| <b>Total Rebate Amount:</b>                                                                                                                                                                                             | <b>\$13,509.00</b> |
| Message                                                                                                                                                                                                                 |                    |
| Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier. |                    |

The information contained herein is correct as at 18 Nov 2019

OK