15/5/2010

JIMMY FOO

## CC4/AIG19019461/Kha3

LKK: IDAC:

ASSIGNMENT

Surveyor:

INS. CASE OWNER:

KENNETH

DOI: 04/11/2019

04.11.2019 Date / Time:

04.11.2019 Registered in Merimen:

## Pre-assign / CCU / FTE



**SLN 6826D** Insured Vehicle No.

TAN LIONG PEOW

Claim No. Policy No.

2100509317

Name of Insured Insured Tel No.

HP: +65-96789586 D.O.A: 31.10.2019

NISSAN NOTE-1.2 CVT (A) Make / Model

Excess Sec II :S\$ Is driver the owner?

Nature of Accident : (YES / NO)

MCE TUNNEL TOWARD KPE Place of Accident:

If NO, Driver Name / Age:

(V/L: YES / NO) Driver Tel No.:

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

64454055

Final? Yes/No Insured Liability:

SGB 3802P



INSRS: WSP: CHENG HOE

Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time		
	SGB 3802P - X SLN 6826D - 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)
		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:
PRELIMINARY ADVICE	Z Date/Time: Sent By:	Post-Repair Photos:
		Others:
FINALIZATION	Date/Time; Confirm with:	Confirm by:
Repair Cost:	S\$ ( days) Reduction: %	Email Call
TINAL SETTLEMENT	Date/Time: Confirm with	Email Call
final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia:
	S\$	
Repair Cost:	33	
	S\$ ( days)	
oss of Rental (LOR):		
loss of Rental (LOR):	S\$ ( days)	
oss of Rental (LOR): oss of Use (LOU): oss of Income (LOI):	S\$ ( days) S\$ (\$ x days) S\$ (\$ x days)	
oss of Rental (LOR): coss of Use (LOU): coss of Income (LOI): cost only LOU only	S\$ ( days) S\$ (\$ x days) S\$ (\$ x days)	
coss of Rental (LOR): coss of Use (LOU): coss of Income (LOI): corr only LOU only dIA/LTA Search	S\$         (         days)           S\$         (\$ x days)           S\$         (\$ x days)           LOR + LOU         LOR + LOI         [Tick only one]	Claim status: Normal/Reject/Private Settle
oss of Rental (LOR): oss of Use (LOU): oss of Income (LOI): OR only LOU only GIA/LTA Search Medical:	S\$ (   days)	Claim status: Normal/Reject/Private Settle     Report Format:
LOSS of Rental (LOR): LOSS of Use (LOU): LOSS of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement:	S\$ (   days)	
LOSS of Rental (LOR): LOSS of Use (LOU): LOSS of Income (LOI): LOU only LOU only GIA/LTA Search Medical: Disbursement: LOSS of Rental (LOR): LOU only	S\$ (   days)	2) Report Format:
LOSS of Rental (LOR): LOSS of Use (LOU): LOSS of Income (LOI): LOU only LOU only LOU only Addical: Disbursement: Legal Cost	S\$ (   days)	2) Report Format:
Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost Fotal: FINAL PAYMENT	S\$ (   days)	2) Report Format: 3) Survey fee:
Repair Cost:  Loss of Rental (LOR):  Loss of Use (LOU):  Loss of Income (LOI):  LOR only LOU only  GIA/LTA Search  Medical:  Disbursement:  Legal Cost  FOTAL PAYMENT  Payee 1:  Payee 2: (Strike if N.A.)	S\$ (   days)	2) Report Format: 3) Survey fee:

nnerh	ASSIGNMENT
From: Date:	Veh No: SGB 3802P Yr Regn: 12, 13
Estimated Cost:	Typer M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No:	
at Workshop m/s Chen, 140	0.0 1)
of Amk	
Insured:	Sp.Reading 210426 T/Radio: Insured / Std / NI / NA Eng/No:
Policy No.	
Claims No.	
Sum Insured: Excess:	Gen. Cond: 200d'/ Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
	Modi: NII / S/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 225/45R17
Remark: The veh had commenced its N/S	O/S RS/DUN/EXPONENT
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA /MIC ] OHTSU / PIR / SUMI /
Bal. or Market Value:	TOYO/YOKO or
DAC Accident Rport: Consistent? : Yes or No	Front Rear
GIA / PR Seen: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 9 mm
est. Repairs: days Res.: Yes or No	L/Bal. 9 mm L/Bal. 9 mm
.um Sum: % 3 Val.: Yes or No	D.O.A. 31/10/19 D.O.I. 4/11/19
	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear / O/S / N/S / U/C / Rooftop or
ate:Person Contacted: Vehicle: 1	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Fite pass to	
	1
Time, File Pass to? : Prell. Report	Days Of Repair:
: Final Report	Page 1
Time, File Return to?	
Add	Fee: Site Insp (\$ ) S-RS SI
*	Interview (\$
	. Interview (3 ) Finetos
ort Format :	Tech Invs (\$ )) Others

## > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Owner ID Type:	Singapore NRIC
Owner ID:	1581
Vehicle Details	
Vehicle No.:	SGB3802P
Vehicle to be Exported:	No
ntended Deregistration Date:	01 Nov 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C180K
Primary Colour:	Silver
Manufacturing Year:	2010
Engine No.:	27191031339053
Chassis No.:	WDD2040452A459695
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$31,893.00
Original Registration Date:	13 Dec 2010
First Registration Date:	13 Dec 2010
Transfer Count:	1
Actual ARF Paid:	\$31,893.00
ntended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Dec 2020
PARF Rebate Amount:	\$17,541.00
ntended COE Rebate Details	
COE Expiry Date:	12 Dec 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$47,604.00
COE Rebate Amount:	\$5,297.00
Total Rebate Amount:	\$22,838.00

The information contained herein is correct as at 01 Nov 2019

ОК

