

INS. CASE OWNER:

SALIHA

CC3/AIG19019489/Eka3

LKK:

IDAC:

Surveyor:

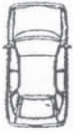
STEVE

DOI: 18/11/2019

Date / Time : 04.11.2019

Registered in Merimen: 04.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SJC 1000J

Name of Insured : JOSEPH CHAN WAI MENG

Insured Tel No. : HP: +65-81800028

Excess Sec II :S\$ D.O.A : 01.11.2019

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: ☒ YES / NO )

Claim No. : 4876959806SG

Policy No. : 2100291135-07

Make / Model : AUDI S5 SB 3.0 TFSI QU 8T

Place of Accident : MARYMOUNT RD

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

Insured Liability : % Final ? Yes / No

SKK 636C

INSRS:  
WSP: Performance  
Tel : Motors  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
SKK 636C - X	Non-Reporting ltr (1st):	
SJC 1000J - CC3/AIG19019332/Atf3; DOA:01.11.19	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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Confirm 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"/> [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:
<b>Total:</b> S\$	<b>Global Sum S\$:</b>	
<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:

Steve

REF: A19

## ASSIGNMENT

From:

Date: 18-11-2019

Estimated Cost:

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

To Inspect Vehicle No:

SKK 636C

at Workshop m/s

Performana

of

303 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

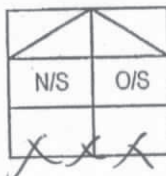
(Client's Record)

Make of Veh:

Han - 9116 5700

(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

mp

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No: SKK 636C

Yr Regn: 25/5/17

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

Truck / Trailer or

Make:

BMW X1

C.C

1499

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading:

42225

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBAH 5120705H48618

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/50R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

11/11/19

D.O.I.

18/11/19

Survey held at

Performana Motors

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

MV- 116K

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.J. (\$) )

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	719E
<b>Vehicle Details</b>	
Vehicle No.:	SKK636C
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Nov 2019
Vehicle Make:	B.M.W.
Vehicle Model:	X1 SDRIVE18I AT LED NAV
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	F925H446B38A15A
Chassis No.:	WBAHS120705H48618
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$30,855.00
Original Registration Date:	25 May 2017
First Registration Date:	25 May 2017
Transfer Count:	0
Actual ARF Paid:	\$30,197.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 May 2027
PARF Rebate Amount:	\$22,647.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	24 May 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,001.00
COE Rebate Amount:	\$39,836.00
<b>Total Rebate Amount:</b>	<b>\$62,483.00</b>

The information contained herein is correct as at 18 Nov 2019

OK