15/5/2010

INS. CASE OWNER: JIMMY FOO | CC6/AIG19020379/Uda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 18/11/2019 Date / Time : 18/11/2019

Registered in Merimen: 18/11/2019

Pre-assign / CCU / FTE

Insured Vehicle No. : SBJ 9800Y Claim No. : 4271435220SG

Name of Insured : TEH SIN CHIN Policy No. : 2100499504

Insured Tel No. : HP: Make / Model : BMW 740 LIA

Excess Sec II :S$ D.O.A : 15/11/2019 10:10 Place of Accident : PAYA LEBAR RD TOWARDS UPP PAYA LEBAR

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

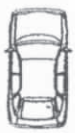
If **NO**, Driver Name / Age : NAH LUANG CHEE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96419188 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SKU 6080M → → →

INSRS:
WSP: SPECIALISTS
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKU 6080M - CS/MSG19018034/Utf3n2; DOA: 07.10.19 SBJ 9800Y - 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:		☐
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: marcus

REF: AIA

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SKU 6080M

at Workshop m/s specialist 3pm

of

Insured: SBJ 9800Y

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:

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- STN Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKU 6080M Yr Regn: 10 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CA1

Make: Toyota vellfire c.c 2494

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

Sp.Reading 24330 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTNGF3DH 5080180356

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:

R: 235/50R18

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.	15/11/18	D.O.I.	18/11/18

*Survey held at

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

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

Date / Time	Action / Instruction
	LTA 2494

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 ($) ☐ : Weld end ($)

Survey Fee:

Transportation: __S + RS__SI

Photos

Others

TOTAL

Report Formed :

Lump Sum / L.B.I. :

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	877N
Vehicle Details	
Vehicle No.:	SKU6080M
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Nov 2019
Vehicle Make:	TOYOTA
Vehicle Model:	VELLFIRE ELEGANCE MOONROOF (AUTO)
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	2ARJ165796
Chassis No.:	JTNGF3DH508018635
Maximum Power Output:	134.0 kW (179 bhp)
Open Market Value:	$48,189.00
Original Registration Date:	18 Oct 2018
First Registration Date:	18 Oct 2018
Transfer Count:	0
Actual ARF Paid:	$59,465.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Oct 2028
PARF Rebate Amount:	$44,598.00
Intended COE Rebate Details	
COE Expiry Date:	17 Oct 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$31,301.00
COE Rebate Amount:	$27,896.00
Total Rebate Amount:	**$72,494.00**

The information contained herein is correct as at 18 Nov 2019

OK