

INS. CASE OWNER:

CC3/AIG19020433/Eda3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

STEVE

DOI: 15/11/2019

Date / Time : 15/11/2019

Registered in Merimen: 18/11/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SGQ 8222B

Claim No. :

Name of Insured : TAN CHENG HIAN VINCENT

Policy No. : 2100498953

Insured Tel No. : HP: +65-96164350

Make / Model : MERCEDES-BENZ E200K

Excess Sec II :S\$ D.O.A : 08/11/2019 07:40

Place of Accident : ANG MO KIO AVE 10 BEFORE TURN LEFT TO AVE 1

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

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLX 9898Z

INSRS:
WSP: VOLKSWAGEN
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | SGQ 8222B - X | SLX 9898Z - 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) | <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"/> |
| PRELIMINARY ADVICE Date/Time: Sent By: | | | | |
| 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:

Star

REF:

AIG

ASSIGNMENT

From:

Date:

15/11/19

Estimated Cost:

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

To Inspect Vehicle No:

SLX 98982

at Workshop m/s

Volkswagen

of

247 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

10:30 am (waiting)

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

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

hup

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLX 98982

Yr Regn:

29/1/19

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

Truck / Trailer or

Make:

Volkswagen Passat

C.C

1798

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

9006

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVW222JC ZKE019824

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: Nil / ☒ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

215/55R17

R:

V

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

TOYO / YOKO or

Pirelli

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

8/11/19

D.O.I.

15/11/19

Survey held at

Volkswagen, Alexandra Road

Des. of Damages: Frt / Rear / ☒ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

MV-130K

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 (\$)

☐

West end (\$)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|---|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 931G |
| Vehicle Details | |
| Vehicle No.: | SLX9898Z |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 15 Nov 2019 |
| Vehicle Make: | VOLKSWAGEN |
| Vehicle Model: | PASSAT B8 1.8 TFSI AT SR NAV 17W 3G24JZ |
| Primary Colour: | Black |
| Manufacturing Year: | 2018 |
| Engine No.: | CJS296729 |
| Chassis No.: | WVWZZZ3CZKE019824 |
| Maximum Power Output: | 132.0 kW (177 bhp) |
| Open Market Value: | \$32,148.00 |
| Original Registration Date: | 29 Jan 2019 |
| First Registration Date: | 29 Jan 2019 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$37,008.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 28 Jan 2029 |
| PARF Rebate Amount: | \$27,756.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 28 Jan 2029 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$33,989.00 |
| COE Rebate Amount: | \$31,275.00 |
| Total Rebate Amount: | \$59,031.00 |

The information contained herein is correct as at 15 Nov 2019

OK