15/5/2010

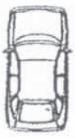
INS. CASE OWNER: Meenachi | CC4/III19020626/Qga3 | LKK: IDAC:

## ASSIGNMENT

Surveyor: OSP DOI: 20/11/2019 Date / Time : 20.11.2019

Registered in Merimen: 20.11.2019

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLR 5395R Claim No. :

Name of Insured : TAY KIM CHOON Policy No. : D18MPC0002090_01

Insured Tel No. : HP: +65-96150664 Make / Model : HONDA ACCORD-2.0 VTIS 5AT (A)

**Excess Sec II :S$** D.O.A : 17/11/2019 13:30 Place of Accident : EUNOS LINK JUNCTION WITH KAKI BUKIT AVE 2

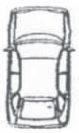
Is driver the owner? ( YES / NO ) Nature of Accident :

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

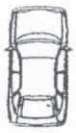
Driver Tel No. : (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

SMB 140P →

INSRS:
WSP: SMRT, WL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | STAGE | DATE / PIC |
|---|---|---|
| SMB 140P - X SMB 140P - X SLR 5395R - X | 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: | |
| ELIMINARY ADVICE Date/Time: Sent By: | Post-Repair Photos: | |
| | Others: | |

| | | | | |
|---|---|---|---|---|
| ALIZATION | Date/Time: | Confirm with: | Confirm by: | |
| air Cost: L/S | S$ 7150.00 ( 4 days) | Reduction: 687.75 % 8 | Email ☐ Call ☐ | |
| AL SETTLEMENT | Date/Time: 29/10/2020 | Confirm with WEI TECK | Email ☐ Call ☑ | |
| l Liability: | % 100 (Agreed / Assessed) | BOLA S/N No. : NIL | If NO or B 28, Ass. Lia : | |
| air Cost: | S$ 7150.00 | | | |
| s of Rental (LOR): | S$ ( days) | | OI TURNING RIGHT, TP DRIVING STRAIGHT | |
| s of Use (LOU): | S$ 1375.00 ($ 250 x 5.5 days) | | | |
| s of Income (LOI): | S$ ($ x days) | | | |
| R only ☐ LOU only ☐ | LOR + LOU ☑ LOR + LOI ☐ | [Tick only one] | | |
| /LTA Search | S$ 7.00 | | | |
| lical: | S$ | | 1) Claim status: Normal/Reject/Private Settle | |
| ursement: | S$ (e.g. Tow/ Independent ) | | 2) Report Format: TP | |
| l Cost | S$ | | 3) Survey fee: $350.00 | |
| al: | S$ 8532.00 | Global Sum S$: 8500.00 | | |
| AL PAYMENT | Date/Time: | Confirm with: | Email ☐ Call ☑ | |
| ee 1: | S$ 8500.00 | Name 1: SMRT BUSES LIMITED | | |
| ee 2: (Strike if N.A.) | S$ | Name 2: | | |
| ee 3: (Strike if N.A.) | S$ | Name 3: | | |

ASS. REC. BY: Sun Pin | REF: TTI

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

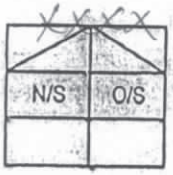
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.




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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMB 140P Yr Regn: 11/Mar/2011

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

Make: Mercedes Benz Citaro c.c 6374

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

Sp.Reading: 574026 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WEB62808323120695

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 Steel Rim

Tyre Size: F: 275/70 R22.5

R: 275/70 R22.5

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Firenza.

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 5 mm | R/Bal. | 5 mm |
| L/Bal. | 5 mm | L/Bal. | 5 mm |

D.O.A. 17/11/2019 D.O.I. 20/11/2019

Survey held at SMRT.

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 |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to? 1) _____

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Formed : _____

Lump Sum / I.P.I: (% _____)

| | |
|---|---|
| Survey Fee: | |
| Transportation: | |
| ___$ + RS.___SI | |
| Photos | |
| Others | |
| TOTAL | |

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

| | |
|---|---|
| **Vehicle Owner Particulars** | |
| Owner ID Type: | Company |
| Owner ID: | 292D |
| **Vehicle Details** | |
| Vehicle No.: | SMB140P |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 20 Nov 2019 |
| Vehicle Make: | MERCEDES BENZ |
| Vehicle Model: | CITARO O530 |
| Primary Colour: | Multicolor |
| Manufacturing Year: | 2010 |
| Engine No.: | 90292600847843 |
| Chassis No.: | WEB62808323120695 |
| Maximum Power Output: | - |
| Open Market Value: | $282,480.00 |
| Original Registration Date: | 11 Mar 2011 |
| First Registration Date: | 11 Mar 2011 |
| Transfer Count: | 0 |
| Actual ARF Paid: | $0.00 |
| **Intended PARF Rebate Details** | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | $0.00 |
| **Intended COE Rebate Details** | |
| COE Rebate Amount: | $0.00 |
| **Total Rebate Amount:** | **$0.00** |

The information contained herein is correct as at 20 Nov 2019

OK