	de la la			
5/5/	20.	10		

INS. CASE OWNER:

## CC6/QBE19020956/Ada3

LKK: IDAC:

ASSIGNMENT	ASSI	GNN	MENT
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	ASSIGNMI
DOI:	25.11.2019
	DOI:

Date / Time: 25.11.2019

Registered	in	Merimen:	
Registered	***	Tyret IIIIeii.	

## Pre-assign / CCU / FTE



Insured Vehicle No. : SKG 3427R

Claim No.

Name of Insured

Policy No.

Insured Tel No.

Excess Sec II :S\$

D.O.A: 20.11.2019 18:25

Make / Model :
Place of Accident : TPE > PI

TPE > PIE

Is driver the owner?

( YES / NO ) Nature of Accident :

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

If NO, Driver Name / Age : Driver Tel No. :

(V/L: YES / NO)

Insured Liability: % Final? Yes / No

GZ 2918U

Tel:

Liability:

RMKS:





INSRS: WSP: Tel: Liability:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time				
	GZ 2918U - NA/INC	18008641/z4 ; DOA: 10.5.18	STAGE	DATE / PIC
	SKG 3427R - 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: H	landler 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:	
DEL BANK DAL ADALGE	D · KD.	Sout Boo		
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	
			Others:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	700
Repair Cost:	S\$ (	days) Reduction: %	Email	Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call	
Final Liability:		/ Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia:	
Repair Cost:	S\$			
Loss of Rental (LOR):	S\$ (	days)		
oss of Use (LOU):	S\$ (\$ x	days)		
oss of Income (LOI):	S\$ (\$ x			
OR only LOU only	LOR + LOU I	LOR + LOI [Tick only one]		
GIA/LTA Search	S\$			
Medical:	S\$		1) Claim status: Normal/Rejec	t/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent )	2) Report Format:	
egal Cost	SS		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:		

## ASSIGNMENT

From: Date:		Veh No:	6Z2918	u· Y	r Regn: 20	186 Feb.
Estimated Cost:		Type: M.Car /	M.Cycle / Bus / \	/an / Lorry / T	axi / Prime N	Nover I
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		Truck	Trailer or	Pick up	>-	
To Inspect Vehicle No:		Make:	Ssyang you	y Muss	So. 0.0	2874
at Workshop m/s		Colour	Ssyang you Black	J A/C	: Insured	I/Std/NI/NA
of		Sp.Reading	351026.	T/R		d/Std/NI/NA
Insured:		Eng/No:				
Policy No.		C/No:	KPAI	WAZEDS	6P414	-056
Claims No.		Gen. Cond:	ged Fair / Poor	/ Burnt		
Sum Insured: Excess:		Steering: Inqu	oder / Jammed / L	eaked / Burn	t or	
(Client's Record)		Brake: Ing	rger / Jammed / L	eaked / Burn	t or	
Make of Veh:		Modí: Nil	SIRIM I STD A	/Rim or		
REPUT MARKET		Tyre Size:	F: 23	5/70816		
(Policy Condition)		in total	F: 23	5/70816		
Remark: The veh had commenced its	N/S O/S	BS / DUN / E	XNOVA / GY / FS	1		R/SUMI/
repair at the time of inspection.		TOYOTYO				
Bal. or Market Value:		Front		Re	ear	
IDAC Accident Rport: Consistent? : Ye	s or No	R/Bal. ob	mm	R/	Bal.	06 mm
GIA / PR Seen: Consistent? : Ye	s or No	L/Bal. 06	mm	L/I	Bal.	o C mm
Est. Repairs: days Res.: Ye	s or No	D.O.A.		D.	0.1. 25	11/19.
Lum Sum: % 3 Val.: Ye	s or No	Survey held	at	MG Sol		
CA / REV / REP. / 24 HRS		Des. of Dama	ages : Frt / Read	1 0/S / N/S	Î U/C / Roc	oftop or
Date: Person Contacted:	Vehicle: IN / OUT	The II/C	/ Chassis frame	/ Body Strui	cture affecte	d due to collision.
Date / Time   Action / Instruction		1110 010	T THEOTO HAITE	,		
TP QBE.			COE	Expiry:	31/01/	21
			9	' 1		
7/4 (2		dT .	- 1 1			
MV: 7-51c. (Depier	intion @ 76 K	x 1-2/15 3	17.5K)			
Nett, 2.1K						
71611, 00 11						
		1-11				
Date/Time, File Pass to? : Preli. Report		Days Of Rep	oair:			
1) : Final Report		Resurvey N	o. of Trip:	Si	irvey Fee:	
Date/Time, File Return to?					ansportation:	
2)	Add Fee		Insp (\$	))	_3 + RS,SI	
		-	view (\$	) F	hotos	
Report Format :			i, Invs (\$	) (	ithers	
Lump Sum / LB.E. (%		: Wee	Fend (\$			
					TOTAL	

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Bysiness	
Owner ID:	851E	
Vehicle Details		
Vehicle No.;	GZ2918U	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	25 Nov 2019	
Vehicle Make:	SSANGYONG	
Vehicle Model:	MUSSO 4X2 MT	
Primary Colour:	Black	
Manufacturing Year:	2005	
Engine No.:	66292010069642	
Chassis No.:	KPAWA2EDS6P414056	
Maximum Power Output:		
Open Market Value:	\$16,417.00	
Original Registration Date:	22 Feb 2006	
First Registration Date:	22 Feb 2006	
Transfer Count:	1	
Actual ARF Paid:	\$18,059.00	
Intended PARF Rebate Details		
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
Intended COE Rebate Details		
COE Expiry Date:	31 Jan 2021	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	5	
PQP Paid:	\$22,583.00	
COE Rebate Amount:	\$5,342.00	
Total Rebate Amount:	\$5,342.00	
Message	cle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the	

The information contained herein is correct as at 25 Nov 2019



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