15/5/2010

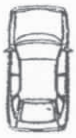
INS. CASE OWNER: Lionel Tan | CC4/FWD19020992/Upa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 27.11.2019 Date / Time : 26.11.2019

Registered in Merimen: 27.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 8997S Claim No. : 1201900036833

Name of Insured : CHIA HAI POH Policy No. : PNPV2018-00016704

Insured Tel No. : HP: Make / Model : MERCEDES-BENZ E200K

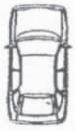
Excess Sec II :S$ D.O.A : 26.11.2019 Place of Accident : AIRPORT BLVD

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

If **NO**, Driver Name / Age : SAMUEL CHIA WEI HAN OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Driver Tel No. : +65-92362269 (V/L: (YES) / NO) Insured Liability : % **Final ? Yes / No**

PC 7285T → → →



INSRS:
WSP: LEE BRO
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	PC 7285T - X SLG 8997S - 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:		
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: Marus | REF: PWD 709/19

ASSIGNMENT

From: | Date: 27/11/19

Estimated Cost:

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

To Inspect Vehicle No: PC7285T

at Workshop m/s Lee Brothers

of 1 Kaki Bukit Ave 6 #02-47

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.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: | Consistent? : Yes or No

GIA / PR Seen: | Consistent? : Yes or No

Est. Repairs: 5 days | Res.: Yes or No

Lum Sum: 20 % | 3 Val.: Yes or No

CA / REV / REP. / 24 HRS Insp

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: PC7285T | Yr Regn: 2018

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

Make: Toyota hiace commuter | C.C 2754

Colour white | A/C: Insured / Std / NI / NA

Sp.Reading 135133 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GDH223200573

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195-R15

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	26/11/19	D.O.I.	27/11/19

Survey held at —

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

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

Date / Time	Action / Instruction
	LTA 21813
	4/s

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 ($) ☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	057N
Vehicle Details	
Vehicle No.:	PC7285T
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Nov 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 2.8 AUTO
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	1GD8302194
Chassis No.:	GDH2232000573
Maximum Power Output:	-
Open Market Value:	$46,699.00
Original Registration Date:	23 Aug 2018
First Registration Date:	23 Aug 2018
Transfer Count:	0
Actual ARF Paid:	$2,335.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	22 Aug 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	$27,267.00
COE Rebate Amount:	$23,814.00
Total Rebate Amount:	**$23,814.00**

The information contained herein is correct as at 28 Nov 2019

OK