15/5/2010

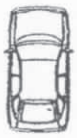
INS. CASE OWNER: LALITHA | CC4/III19021162/Kga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 02.12.2019 Date / Time : 29.11.2019

Registered in Merimen: 30.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SKX 4568X

Name of Insured : MOHAMED FADZLI BIN HAMSANI

Insured Tel No. : HP: +65-90041251

Excess Sec II :S$ D.O.A : 26.11.19

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. : D18MPC0003141

Make / Model : NISSAN X-TRAIL

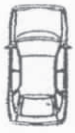
Place of Accident : JUNCTION OF FERNVALE LINK & SENGKANG E WAY

Nature of Accident :

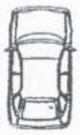
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

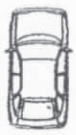
SMD 6423Z → → →



INSRS:
WSP: NGS AUTOMOTIVE
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMD 6423Z - X	SKX 4568X - 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:

REF: III

ASSIGNMENT

From: Date: 02/12/2019

Estimated Cost:

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

To Inspect Vehicle No: SMD 6423Z

at Workshop m/s NGS Automotive

of Blk 10 Tmk Ind. Park 2A #02-01

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: After 10am

(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: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS tup

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMD 6423Z Yr Regn: 08/18

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

Make: Honda Shuttle c.c 1496

Colour M. D. Blue A/C: Insured / Std / NI / NA

Sp.Reading 65323 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GP7 - 1217043

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 Windforce 185/60R15

R Falken

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	8 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A.	26/11/19	D.O.I.	2/12/19

Survey held at

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)

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:	Singapore NRIC
Owner ID:	062A
Vehicle Details	
Vehicle No.:	SMD6423Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	28 Nov 2019
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	LEB6560715
Chassis No.:	GP71217043
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	$22,201.00
Original Registration Date:	29 Aug 2018
First Registration Date:	29 Aug 2018
Transfer Count:	0
Actual ARF Paid:	$13,082.00
OPC Cash Rebate Details	
OPC Cash Rebate Eligibility:	No
OPC Cash Rebate Eligibility Expiry Date:	-
OPC Cash Rebate Amount:	-
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Aug 2028
PARF Rebate Amount:	$9,811.00
Intended COE Rebate Details	
COE Expiry Date:	28 Aug 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$15,429.00
COE Rebate Amount:	$12,343.00
Total Rebate Amount:	**$22,154.00**

The information contained herein is correct as at 27 Nov 2019

OK