

INS. CASE OWNER: LOH Cynthia
6568804843

CC4/ASM19021337/Kga3

LKK: IDAC: 149899

ASSIGNMENT

Surveyor: KENNETH DOI: 04/12/2019 Date / Time : 03.12.2019
Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SLE 8989B
Name of Insured : WEE HEE LIN
Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A: 01/12/19
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : S9M028Z2
Policy No. : GA417802
Make / Model : _____
Place of Accident : TPE

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

SLE 8940R



INSRS: WSP: SUPREME AUTO
Tel : _____
Liability : _____
RMKS: _____



INSRS: WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SLE 8940R - X	
	SLE 8989B - CC3/AIG17001986/Avbm2; DOA: 28.01.17	
<u>18/12/19</u>	OINR. To send out first letter. File pass to Su Li.	
	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 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\$ _____
Disbursement: S\$ _____ (e.g. Tow/ Independent)
Legal Cost S\$ _____

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: _____

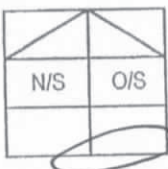
- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: _____
- 3) Survey fee: _____

REF: ASM (AXA)

ASS. REC. BY:

ASSIGNMENT

From: _____ Date: 4.12.2019
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLE 8940R
 at Workshop m/s Supreme Auto
 of 176 Sim ming Drive #02-01
 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: 863k
 IDAC Accident Rport: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 4-5 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS mp!!
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SLE 8940R Yr Regn: 08, 16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Wagon
 Make: Toy Pienta c.c. 1496
 Colour: M. Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 79613 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: NSP170 . 7040119
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Mil / S/Rim / STD A/Rim or
 Tyre Size: F: _____
 R: 185/60R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Davanti
 Front 9 mm R/Bal. 9 mm
 L/Bal. 9 mm L/Bal. 9 mm
 D.O.A. 1/12/19 D.O.I. 4/12/19
 Survey held at ✓
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>GIA not ready</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Format: _____
 Lump Sum / F.B.C. _____

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

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:	074Z
Vehicle Details	
Vehicle No.:	SLE8940R
Vehicle to be Exported:	Yes
Intended Deregistration Date:	03 Dec 2019
Vehicle Make:	TOYOTA
Vehicle Model:	SIENTA 1.5X A
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	2NR8639279
Chassis No.:	NSP1707040119
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$18,301.00
Original Registration Date:	04 Aug 2016
First Registration Date:	04 Aug 2016
Transfer Count:	1
Actual ARF Paid:	\$8,301.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Aug 2026
PARF Rebate Amount:	\$6,225.00
Intended COE Rebate Details	
COE Expiry Date:	03 Aug 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$52,503.00
COE Rebate Amount:	\$35,002.00
Total Rebate Amount:	\$41,227.00

The information contained herein is correct as at 03 Dec 2019

OK