

INS. CASE OWNER: **MERINA CHIA**

CC4/FCI19022384/Kda3

LKK:
IDAC:

ASSIGNMENT

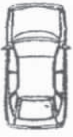
Surveyor: **KENNETH**

DOI: **19/12/2019**

Date / Time : **19/12/2019**

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **SHC 7121C**

Claim No. : **D19007966MFSH**

Name of Insured : **CITYCAB PTE LTD**

Policy No. : **D-19092579MFSH**

Insured Tel No. : _____ HP: _____

Make / Model : **HYUNDAI I40**

Excess Sec II :S\$ _____ D.O.A : **15/12/2019 13:10**

Place of Accident : **ALONG GRANGE RD TOWARDS PATERSON HILL AND ORCHARD**

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

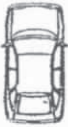
If NO, Driver Name / Age : **YAP THIAM SEN**

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

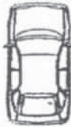
Driver Tel No. : **+65-96702888** (V/L: YES / NO)

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

EY 668H



INSRS:
WSP: **ALAN'S UNITED**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHC 7121C - CS/FCI19000669/Asd3n2; DOA :08.01.19	Non-Reporting ltr (1st):	
	- CS/FCI19001632/R1sd3e2; DOA: 24.01.19	Non-Reporting ltr (2nd):	
	- NA/LIP19004060/k4; DOA: 26.2.19	Non-Reporting ltr (Final):	
	EY 668H - CC3/AIG18016304/Avd3n2; DOA: 2.9.18	Notification ltr (if non-pickup):	
	- CC6/AIG18016150/Keb3q2; DOA:2.9.18	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	_____
Repair Cost:	S\$ _____ (_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: _____ Confirm with _____	Email <input type="checkbox"/>	Call <input type="checkbox"/>
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [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 <input type="checkbox"/>	Call <input type="checkbox"/>
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: 1021

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s *Alan'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: *36k*

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: *EY6084* Yr Regn: *11, 10*

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: *Audi A5* c.c. *1798*

Colour: *Black* A/C: Insured / Std / NI / NA

Sp. Reading: *97.478* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *WAAU 2288 T 2BA 009373*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: *245/40R18*

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. *7* mm R/Bal. *7* mm

L/Bal. *7* mm L/Bal. *7* mm

D.O.A. *15/12/19* D.O.I. *19/12/19*

Survey held at _____

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

& 1st

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

Date / Time Action / Instruction

1 File pass to

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____
S + RS. \$ _____

Fixtures

Others

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format :

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	010I
Vehicle Details	
Vehicle No.:	EY668H
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Dec 2019
Vehicle Make:	AUDI
Vehicle Model:	A5 SPORTBACK 1.8 TFSI MU
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	CDH101824
Chassis No.:	WAUZZZ8T2BA009373
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$43,316.00
Original Registration Date:	04 Nov 2010
First Registration Date:	04 Nov 2010
Transfer Count:	2
Actual ARF Paid:	\$43,316.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Nov 2020
PARF Rebate Amount:	\$21,658.00
Intended COE Rebate Details	
COE Expiry Date:	03 Nov 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$45,501.00
COE Rebate Amount:	\$3,964.00
Total Rebate Amount:	\$25,622.00

The information contained herein is correct as at 20 Dec 2019

OK