15/5/2010

INS. CASE OWNER: CC4/LPC20000421/Eka3

LKK:

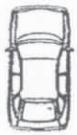
IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 07/01/2020 Date / Time : 06/01/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 8318B

Name of Insured : SIM HEAVY TRANSPORT PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 06.01.2020

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : SIM TECK GUAN

Driver Tel No. : +65-97877466 (V/L: YES / NO)

Claim No. : 19/20/20/VC05/022872

Policy No. : Z/19/VC05/004144-001

Make / Model : MAN TGS 35.360 8X4 BB

Place of Accident : ALONG BUKIT TIMAH ROAD

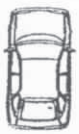
Nature of Accident :

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

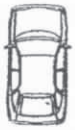
Insured Liability : % **Final ? Yes / No**

SMK 6685Y → → →

INSRS:
WSP: PEGASUS
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	XD8318B -X SMK 6685Y - 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:	

Surveyor Steve | REF: LPC

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/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:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PP. Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SMK 6685Y Yr Regn: 22/4/19

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

Make: Hyundai Kona c.c Electric Car

Colour Grey A/C: Insured / Std / NI / NA

Sp.Reading ~~2583~~ 25613 T/Radio: Insured / Std / NI / NA

Eng/No:

Ch/No: KMHK381G4KU024592

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: 215/55R17

R:

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	mm
D.O.A.	6/1/20	D.O.I.	7/1/20

Survey held at Pegasus

Dos. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front RH

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

Date / Time	Action / Instruction
	MV - 169K

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Proll. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

$ + RS $

Photos

Others

TOTAL

Report Format :

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	200G
Vehicle Details	
Vehicle No.:	SMK6685Y
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Jan 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	OS KONA EV
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	-
Chassis No.:	KMHK281GUKU024592
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	$39,054.00
Original Registration Date:	22 Apr 2019
First Registration Date:	22 Apr 2019
Transfer Count:	0
Actual ARF Paid:	$26,676.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Apr 2029
PARF Rebate Amount:	$20,007.00
Intended COE Rebate Details	
COE Expiry Date:	21 Apr 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$31,001.00
COE Rebate Amount:	$28,796.00
Total Rebate Amount:	**$48,803.00**

The information contained herein is correct as at 07 Jan 2020

OK