1:	5/5	/201	0			

CC 4/ A16/2000 0524 / TIMS3

١	LKK:
l	IDAC:

INS	. CASE OWNER		CC 4/ A16/21	1 44 20 000	11183	IDAC:		
		-	ASS	IGNMENT				
		70.0-1.1	DOI:	13/1/2020	D / T'	8/1/200	20	
Sur	veyor:	Taufilch		101. 17070	Date / Time :	01		_
					Registered in Meri	men:	1/2020	_
Pre	-assign / CCU /	FTE						
		0Th 0210	1	G1 : 37				
Insu	ared Vehicle No.	SJA 8718		Claim No.	:			
1 Nar	ne of Insured			Policy No.	:			
				N/1 = /N/- 1-1				
Inst	ared Tel No.	- :		Make / Model	1:			
Exc	cess Sec II :S\$		D.O.A: 28 12 19	Place of Accid	lent:			
Is d	river the owner?	(YES / NO)	Nature of Accident:					
***	10 D: N			OLCIA DEDC	ORT: YES / NO ; TP	GIA PEPORT: V	TES / NO	
II N	IO, Driver Nam		212 YM2 (210)			Final? Yes/No		
	Driver Tel N	No. :	(V/L: YES / NO)	Insured Liabil	ity: % Final? Yes/No			
<	KL 2791	T				-		
		· -						
INS INS	SRS:	INSRS:		INSRS:		INSRS:		
WS	P: Hua Ti	ONA WSP:		WSP:		WSP:		
H H Tel	:	H H Tel:	HH	Tel:	HH	Tel:		
107 -16/1	bility:	Liability		Liability:	(V-)	Liability:		
RM	IKS:	RMKS:		RMKS:		RMKS:		
Date	/ Time							
		SKL 2791T: X	· SJA8718L	· ×	STAGE	D	DATE / PIC	
		GEORI III.) 307 0 110 0	/ /	Non-Reporting ltr (1st):		
					Non-Reporting ltr (2			
					Non-Reporting ltr (
					Notification ltr (if n	on-pickup):		
15					Call OI:			
					After call ltr to OI:			
					Documentation Cl	heck List: Handle	r Typist	
					Notification ltr (if n	on-pickup)		
	v Z				After call ltr to OI:			
					Authorisation To A	ct:		
65					Release Voucher:			
					Final Repair Bill:			
1909					Car Rental Invoice:			
					Towing Invoice			
					LTA / GIA:			
					Medical Bill:			
					PIR:			
					Mandate/Reject Ir	nstruction:		
					LOD			
					Payment Breakdo	wn Form:		
PRELIMINA	RY ADVICE	Date/Time:	Sent By:		Post-Repair Photo			
					Others:			
FINALIZAT	ION	Date/Time:	Confirm with:		Confirm by:			
Repair Cost:		S\$ (days) Reduction:	%		Email Cal	1	
FINAL SETT	TLEMENT	Date/Time:	Confirm with		Email Call			
Final Liability	r:		Assessed) BOLA S/N No.	,	If NO or B 28, As			
Repair Cost:		S\$	institution of the second of t		1110 012 10,111			
Loss of Rental	(LOR):	S\$ (days)					
Loss of Use (I		S\$ (\$ x	days)					
Loss of Incom		S\$ (\$ x	days)					
LOR only	LOU only		OR + LOI Tick on	ly one]				
GIA/LTA Sea		S\$	TICK OIL	.,				
Medical:	1011	S\$			1) Claim status: N	Normal/Reject/Priv	ate Settle	
Disbursement:	,	S\$	(e.g. Tow/ Indep	pendent)	2) Report Format			
Legal Cost		S\$	(v.g. 10w/ mdc	,	3) Survey fee:			
Total:		S\$	Global Sum S\$:					
FINAL PAY	MENT	Date/Time:	Confirm with:		Email Cal			
Pavee 1:		S\$	Name 1:					

Name 2:

Name 3:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

S\$ S\$ REF: AIG

ASSIGNMENT

From: Date: 3 0 2020	Veh No: SKL279/T Yr Regn: 20/01 July
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OT / TP JWS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SKL 27917	Make: BMW 5231 c.c 2497
at Workshop m/s Hua Tionq	Colour B/GLK A/C: Insured / Std / NI / NA
of 9 Benoi Crescent	Sp.Reading / 0 6 73. T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WBAFP320 XO(544845)
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh: 2pm-4pm	Modi: Nil /SIRim / STD A/Rim or
	Tyre Size: F: 275/37 £ 77.
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Roadsform
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 4 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. C mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 13/1/20
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS WP	Des. of Damages : Frt / Rear / O/S / N/S / LUIC / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted: (ammy Korany)	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction 9 448 70	93 . Reporte: 923,244
- Volicle Not acreaminal to ver	par , to ful loss.
- Volice Not aconomical to very - to Call Kaming & is) 10 701
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee	: Site Insp (\$)s+Rs,si
	: Interview (\$) Photos
Report Format:	: Tech. Invs (\$) Others
Lump Sum / LBJ: (3	:Weetend (\$
	TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	714G
Vehicle No.:	SKL2791T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	08 Jan 2020
Vehicle Make:	B.M.W.
Vehicle Model:	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV
Primary Colour:	Grey
Manufacturing Year:	2010
Engine No.:	06987469N52B25AF
Chassis No.:	WBAFP320X0C544845
Maximum Power Output:	150.0 kW (201 bhp)
Open Market Value:	\$42,241.00
Original Registration Date:	21 Jul 2010
First Registration Date:	21 Jul 2010
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$42,241.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Jul 2020
PARF Rebate Amount: Intended COE Rebate Details	\$21,120.00
COE Expiry Date:	20 Jul 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$39,911.00
COE Rebate Amount:	\$2,124.00
Total Rebate Amount:	\$23,244.00

The information contained herein is correct as at 08 Jan 2020

OK

MV - \$30,000 Rebute - \$23,224 Repair Nett: \$6756.

