

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

GUO QIANG

DOI: 14/01/2020

Date / Time : 08/01/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 629B

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP: _____

Excess Sec II :S\$

Is driver the owner? (YES / ☒ NO)

If NO, Driver Name / Age :

Driver Tel No. :

D.O.A : 19/12/2019 16:10

Nature of Accident :

(V/L: YES / NO)

Claim No. : D20000135MFSH

Policy No. : D-19092579MFSH

Make / Model :

Place of Accident : EVERTON PARK OPEN CARPARK
BEHIND BLOCK 2OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : % Final ? Yes / No

SKS 7515E

INSRS:
WSP: 1ST AUTO
Tel: PRO PTE LTD
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
SKS 7515E - X	Non-Reporting ltr (1st):	
SHC 629B - CS/FCI19014753/T1qf3n2; DOA: 14.8.19	Non-Reporting ltr (2nd):	
- CS/FCI18004176/R1vd3e2; DOA: 01.03.18	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\$		1) Claim status: Normal/Reject/Private Settle
Medical: S\$		2) Report Format:
Disbursement: S\$	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost S\$		
Total: S\$	Global Sum S\$:	Email ☐ Call ☐
FINAL PAYMENT Date/Time:	Confirm with:	
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:

612

REF: F01

ASSIGNMENT

From:

Date:

14. Jan. 2020

Estimated Cost:

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

To Inspect Vehicle No:

SKS 7515E

at Workshop m/s

1st Auto Pro

of

51 Ubi Ave 1 # 05-02

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Christina @ 9188 3197

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

mp

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

KS 7515E

Yr Regn:

05 May 2015

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

Truck / Trailer or

2.0

Make:

Porsche Macan

c.c

1984

Colour

white

A/C:

Insured / Std / NI / NA

Sp. Reading

87055

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WP188895Z FL B 22525

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:

265/40 R21

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

14-01-20

Survey held at

w/s

8:30pm

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

LA o/s

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format :

Lump Sum / L.B.I. (\$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	829F
Vehicle Details	
Vehicle No.:	SKS7515E
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Jan 2020
Vehicle Make:	PORSCHE
Vehicle Model:	MACAN 2.0 A/T ABS D/AIRBAG AWD
Primary Colour:	Gold
Manufacturing Year:	2015
Engine No.:	106415
Chassis No.:	WP1ZZZ95ZFLB22525
Maximum Power Output:	174.0 kW (233 bhp)
Open Market Value:	\$61,025.00
Original Registration Date:	05 May 2015
First Registration Date:	05 May 2015
Transfer Count:	1
Actual ARF Paid:	\$81,845.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 May 2025
PARF Rebate Amount:	\$61,383.00
Intended COE Rebate Details	
COE Expiry Date:	04 May 2025
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$79,500.00
COE Rebate Amount:	\$41,381.00
Total Rebate Amount:	\$102,764.00

The information contained herein is correct as at 14 Jan 2020

OK