15/5/2010

INS. CASE OWNER: LOH CHEE HENG | CC3/AIG20000629/Eda3 | LKK: | IDAC:

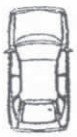
ASSIGNMENT

Surveyor: STEVE DOI: 14/01/2020 Date / Time: 09/01/2020

Registered in Merimen: 09/01/2020

X

Pre-assign / CCU / FTE



Insured Vehicle No. : SJN 1829C

Name of Insured : KINETIC REGENCY PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 06/01/2020

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

If **NO**, Driver Name / Age : LUM PUAY YUEN

Driver Tel No. : +65-88233366 (V/L: YES / NO)

Claim No. : 5192448807SG

Policy No. : 999994106

Make / Model : TOYOTA ALLION

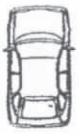
Place of Accident : EU TONG SEN TO PICKERING STREET

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

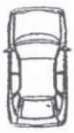
Insured Liability : % **Final ? Yes / No**

SLN 9878J → → →

INSRS:
WSP: SKODA CENTRE / VOLKSWAGEN
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLN 9878J - X SJN 1829C - CC3/AIG19012252/R1ea3q2; DOA: 10.07.19

STAGE	DATE / PIC
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$	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$** **Global Sum S$:**	

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:	

ASS. REC. BY: Steve | REF: AIG

ASSIGNMENT

From: | Date: 14/01/2020

Estimated Cost:

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

To Inspect Vehicle No: SLN 9878J

at Workshop m/s Volkswagen

of 247 Alexandra Road

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh: 12pm (waiting)

(Policy Condition)

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

N/S	O/S
X	

Bal. or Market Value:

IDAC Accident Rport: | Consistent? : Yes or No

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

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

Lum Sum: % | 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SLN 9878J | Yr Regn: 30/8/19

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

Make: Skoda Kodiaq | c.c 1395

Colour Blue | A/C: Insured / Std / NI / NA

Sp.Reading 5499 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: TMBKC7NS5K8502767

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 235/55R18

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	6/1/20	D.O.I.	14/1/20

Survey held at Volkswagen, Alexandra Road

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

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

Date / Time	Action / Instruction
	MV - 130K

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	148D
Vehicle Details	
Vehicle No.:	SLN9878J
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Jan 2020
Vehicle Make:	SKODA
Vehicle Model:	KODIAQ 1.4 TSI AMBITION PLUS
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	CZD737811
Chassis No.:	TMBKC7NS5K8502767
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	$25,904.00
Original Registration Date:	30 Aug 2019
First Registration Date:	30 Aug 2019
Transfer Count:	0
Actual ARF Paid:	$28,266.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Aug 2029
PARF Rebate Amount:	$21,199.00
Intended COE Rebate Details	
COE Expiry Date:	29 Aug 2029
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	$36,901.00
COE Rebate Amount:	$32,720.00
Total Rebate Amount:	**$53,919.00**

The information contained herein is correct as at 14 Jan 2020

OK