

INS. CASE OWNER:

MingYao.Lee

CC6/AIG20000767/Uea3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

MARCUS

DOI: 13/01/2020

Date / Time : 13/01/2020

Registered in Merimen: 13.01.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SFQ 6626U

Name of Insured : TEO HONG CHUAH

Insured Tel No. : HP: +65-93893373

Excess Sec II :S\$ D.O.A : 11/01/2020

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

Claim No. :

Policy No. : 2100427530

Make / Model : MAZDA BIANTE

Place of Accident : TAMPINES AVENUE 10

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

Insured Liability : % Final ? Yes / No

SLF 7134C

INSRS:  
WSP: NPH AUTO  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                    | SLF 7134C - X                     | SFQ 6626U - X                      | 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:                         |                               |
|                                                                                                               |                                   |                                    | <b>Documentation Check List:</b>              | <b>Handler</b> <b>Typist</b>  |
|                                                                                                               |                                   |                                    | Notification ltr (if non-pickup)              | <input type="checkbox"/>      |
|                                                                                                               |                                   |                                    | After call ltr to OI:                         | <input type="checkbox"/>      |
|                                                                                                               |                                   |                                    | Authorisation To Act:                         | <input type="checkbox"/>      |
|                                                                                                               |                                   |                                    | Release Voucher:                              | <input type="checkbox"/>      |
|                                                                                                               |                                   |                                    | Final Repair Bill:                            | <input type="checkbox"/>      |
|                                                                                                               |                                   |                                    | Car Rental Invoice:                           | <input type="checkbox"/>      |
|                                                                                                               |                                   |                                    | Towing Invoice                                | <input type="checkbox"/>      |
|                                                                                                               |                                   |                                    | LTA / GIA :                                   | <input type="checkbox"/>      |
|                                                                                                               |                                   |                                    | Medical Bill:                                 | <input type="checkbox"/>      |
|                                                                                                               |                                   |                                    | PIR:                                          | <input type="checkbox"/>      |
|                                                                                                               |                                   |                                    | Mandate/Reject Instruction:                   | <input type="checkbox"/>      |
|                                                                                                               |                                   |                                    | LOD                                           | <input type="checkbox"/>      |
|                                                                                                               |                                   |                                    | Payment Breakdown Form:                       | <input type="checkbox"/>      |
|                                                                                                               |                                   |                                    | Post-Repair Photos:                           | <input type="checkbox"/>      |
|                                                                                                               |                                   |                                    | Others:                                       | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b> Date/Time: Sent By:                                                                 |                                   |                                    |                                               |                               |
| <b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:                                                      |                                   |                                    |                                               |                               |
| Repair Cost:                                                                                                  | S\$                               | ( days) Reduction: %               | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> 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:                                |                               |
| <b>Total:</b>                                                                                                 | <b>S\$</b>                        | <b>Global Sum S\$:</b>             |                                               |                               |
| <b>FINAL PAYMENT</b> 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:                            |                                               |                               |



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

|                                     |                                      |
|-------------------------------------|--------------------------------------|
| <b>Vehicle Owner Particulars</b>    |                                      |
| Owner ID Type:                      | Singapore NRIC                       |
| Owner ID:                           | 099A                                 |
| <b>Vehicle Details</b>              |                                      |
| Vehicle No.:                        | SLF7134C                             |
| Vehicle to be Exported:             | No                                   |
| Intended Deregistration Date:       | 14 Jan 2020                          |
| Vehicle Make:                       | MAZDA                                |
| Vehicle Model:                      | MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT     |
| Primary Colour:                     | Grey                                 |
| Manufacturing Year:                 | 2016                                 |
| Engine No.:                         | P520375798                           |
| Chassis No.:                        | JM6BM42A8G0346663                    |
| Maximum Power Output:               | 88.0 kW (118 bhp)                    |
| Open Market Value:                  | \$16,723.00                          |
| Original Registration Date:         | 06 Sep 2016                          |
| First Registration Date:            | 06 Sep 2016                          |
| Transfer Count:                     | 2                                    |
| Actual ARF Paid:                    | \$11,723.00                          |
| <b>Intended PARF Rebate Details</b> |                                      |
| PARF Eligibility:                   | Yes                                  |
| PARF Eligibility Expiry Date:       | 05 Sep 2026                          |
| PARF Rebate Amount:                 | \$8,792.00                           |
| <b>Intended COE Rebate Details</b>  |                                      |
| COE Expiry Date:                    | 05 Sep 2026                          |
| COE Category:                       | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years):                  | 10                                   |
| QP Paid:                            | \$53,334.00                          |
| COE Rebate Amount:                  | \$35,429.00                          |
| <b>Total Rebate Amount:</b>         | <b>\$44,221.00</b>                   |

The information contained herein is correct as at 14 Jan 2020

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