Surveyor:

R: MingYao.Lee

CC3/AIG20000896/Eea3

LKK: IDAC:

INS.	CASE	OWNER

ASSIGNMENT DOI: 17/01/2020

14/01/2020 Date / Time:

Registered in Merimen:

14/01/2020

Pre-assign / CCU / FTE

SKV 5882S Insured Vehicle No.

STEVE

Claim No.

5036130299SG

Name of Insured

YUEN PENG THIM

Policy No.

Insured Tel No.

_{HP:} +65-94896208

Make / Model :

NISSAN X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR

Χ

Excess Sec II :S\$ Is driver the owner?

(YES / NO)

D.O.A: 14/01/2020 08:35 Nature of Accident:

Place of Accident:

ALONG TOH TUCK AVENUE T-JUNCTION **BOON LAY WAY**

If NO, Driver Name / Age:

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: (ES / NO ; TP GIA REPORT: (ES / NO

Final? Yes/No Insured Liability:

SMQ 1214A



WSP: Skoda Centre Tel: Singapore

Liability: RMKS:



INSRS: WSP: Tel:

Liability:

RMKS:

INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	SMO 1214A - X SKV 5882S - X	STAGE DATE/PIC	
	SMQ 1214A - X SKV 58825 - 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:	
The second secon	Date/Time: Sent By:	Post-Repair Photos:	
RELIMINARY ADVICE	Date/Time: Self-27:	Others:	
INALIZATION	Date/Time: Confirm with:	Confirm by:	
	S\$ (days) Reduction: %	Email Call	
Repair Cost:	Date/Time: Confirm with	Email Call	
TINAL SETTLEMENT	Date Time.	If NO or B 28, Ass. Lia:	
inal Liability:	% (Agreed / Assessed) BOLA S/N No. : S\$		
Repair Cost:	S\$ (days)		
oss of Rental (LOR):	S\$ (\$ x days)		
oss of Use (LOU):	S\$ (\$ x days)		
oss of Income (LOI):			
OR only LOU only	S\$		
GIA/LTA Search	1) Claim status: Normal/Reject/Private Settl		
Aedical:	S\$ (e.g. Tow/ Independent)	2) Report Format:	
Disbursement:	MORE.	3) Survey fee:	
.egal Cost	S\$ Global Sum S\$:		
Fotal:	54	Email Call	
FINAL PAYMENT	Date Time.		
Payee 1:	SS Name 1:		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		

ASSIGNMENT

Date: 17/01/2020	Veh No: SMR 1214A YER	egn: 30/10/19	
Estimated Cost:	Type: M.Cycle / Bus / Van / Lorry / Tax		
DD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or		
To Inspect Vehicle No: SMQ 1214 A	Make: Skoda Octayla	c.c 1395	
t Workshop m/s Volkswagen	Colour Black A/C:	Insured / Std / NI / NA	
247 Alexandra Road		lio: Insured / Std / NI / NA	
isured:	Eng/No:		
olicy No.	C/No: TMBBC TNESK 14	TAMOR (741 2 V 1 11 1 711 3	
laims No.	Gen. Cond: Good / Fair / Poor / Burnt		
um Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt	or	
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt	or	
ake of Veh: 10am - 4pm	Modi: Nil /S/Rim / STD A/Rim or		
	Tyre Size: F: 295/55RH		
(Policy Condition)	R: 1		
emark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / O	HTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO / YOKO or Next		
al, or Market Value:	Front Real		
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm R/Ba	al. 5 mm	
IA / PR Seen: Consistent?: Yes or No	L/Bal. S mm L/Ba	1. 5 mm	
st. Repairs: days Res.: Yes or No	D.O.A. 14/1/20 D.O.	1. 17/1/20	
um Sum: % 3 Val.: Yes or No	Survey held at Volkingen Ak	xeda Read	
auti outi.	Des. of Damages : Frt / Rear / O/S / N/S /	U/C / Rooftop or	
CA / REV / REP. / 24 HRS (4) Vehicle: IN / OU			
Date: Person Contacted:	The U/C / Chassis frame / Body Structo	ure affected due to collision	
Date / Time Action / Instruction			
APP MV- 90K			
	,		
Intel/Time File Page In?	Dave Of Banchi		
ate/Time, File Pass to? : Preli. Report	Days Of Repair:	In Face	
: Final Report		vey Fee:	
)ate/Time, File Return to? Add F		sportation: 3 + RS,SI	
Add F	The state of the s		
	: Interview (\$) Pho		
Report Format :		iers	
_ump Sum / I.B.I: (\$)	:Weelrend (\$)		
	T	OTAL	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	494Z
Vehicle No.:	SMQ1214A
Vehicle to be Exported:	No
ntended Deregistration Date:	20 Jan 2020
Vehicle Make:	SKODA
Vehicle Model:	OCTAVIA 1.4 AMBITION TSI (A)
Primary Colour:	Black
Manufacturing Year:	2019
Engine No.:	CZDA12888
Chassis No.:	TMBBC7NE3K0141743
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$19,310.00
Original Registration Date:	30 Oct 2019
First Registration Date:	30 Oct 2019
Fransfer Count:	0
Actual ARF Paid: ntended PARF Rebate Details	\$19,310.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Oct 2029
PARF Rebate Amount: ntended COE Rebate Details	\$14,482.00
COE Expiry Date:	29 Oct 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$41,805.00
COE Rebate Amount:	\$40,861.00
otal Rebate Amount:	\$55,343.00

The information contained herein is correct as at 20 Jan 2020

OK