15/5/2010

INS. CASE OWNER: JIMMY FOO | CC6/AIG20001045/Kea3 | LKK: IDAC:

**ASSIGNMENT**

Surveyor: KENNETH DOI: 21/01/2020 Date / Time : 17/01/2020

Registered in Merimen: 17/01/2020

**Pre-assign / CCU / FTE**

Insured Vehicle No. : SJR 1202P Claim No. : 3042085836SG X

Name of Insured : LEE BEE HUA Policy No. : 2100142803

Insured Tel No. : HP: +65-96648775 Make / Model : TOYOTA COROLLA ALTIS-1.6 (A)

**Excess Sec II :S$** D.O.A : 13/01/2020 11:45 Place of Accident : WOODLANDS CAUSEWAY TOWARDS JB CUSTOM MALAYSIA

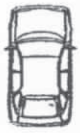
Is driver the owner? ( YES / NO ) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

SMN 5934U → → →

INSRS:
WSP: OPTIMA WERKZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SMN 5934U - X |
| | SJR 1202P - CC2/MIDA18002710/p , DOA : 05.02.18 |

| 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$ | |
| Medical: | S$ | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: | S$ (e.g. Tow/ Independent ) | 2) Report Format: |
| Legal Cost | S$ | 3) Survey fee: |
| **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: Kenneth | REF: AIG/ 1045 | 2

# ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Optima

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

| N/S | O/S |
|---|---|
| | |

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 1-2 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMN 5934U Yr Regn: 08, 19.

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

Make: Honda Freed c.c 1496

Colour M. Blue A/C: Insured / Std / NI / NA

Sp.Reading 28898 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GB7 - 1084377

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rlm / STD A/Rlm or _____

Tyre Size: F: 185/65R15

R: _____

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal. | 3 mm | R/Bal. | 2 mm |
| L/Bal. | 3 mm | L/Bal. | 2 mm |
| D.O.A. | 13/1/20 | D.O.I. | 21/1/2020 |

Survey held at _____

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 |
|---|---|
| / | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format :

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

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

| | |
|---|---|
| **Vehicle Owner Particulars** | |
| Owner ID Type: | Company |
| Owner ID: | 107N |
| **Vehicle Details** | |
| Vehicle No.: | SMN5934U |
| Vehicle to be Exported: | Yes |
| Intended Deregistration Date: | 15 Jan 2020 |
| Vehicle Make: | HONDA |
| Vehicle Model: | FREED HYBRID 1.5G AUTO |
| Primary Colour: | Blue |
| Manufacturing Year: | 2018 |
| Engine No.: | LEB5621719 |
| Chassis No.: | GB71084377 |
| Maximum Power Output: | 101.0 kW (135 bhp) |
| Open Market Value: | $27,381.00 |
| Original Registration Date: | 19 Aug 2019 |
| First Registration Date: | 19 Aug 2019 |
| Transfer Count: | 0 |
| Actual ARF Paid: | $20,334.00 |
| **Intended PARF Rebate Details** | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 18 Aug 2029 |
| PARF Rebate Amount: | $15,250.00 |
| **Intended COE Rebate Details** | |
| COE Expiry Date: | 18 Aug 2029 |
| COE Category: | E - Open - all except motorcycle |
| COE Period(Years): | 10 |
| QP Paid: | $42,002.00 |
| COE Rebate Amount: | $31,782.00 |
| **Total Rebate Amount:** | **$47,032.00** |

The information contained herein is correct as at 15 Jan 2020

OK