15/5/2010

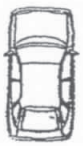
INS. CASE OWNER: CC 4 / III 2000 1341 / E ps3 | IDAC:

## ASSIGNMENT

Surveyor: Steve DOI: 23/1/2020 Date / Time : 22/1/2020

Registered in Merimen: 22/1/2020

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHD 3405E Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

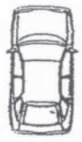
**Excess Sec II :S$** D.O.A : 15/1/2020 Place of Accident :

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

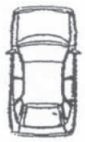
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

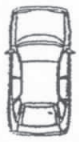
SML 4757G → → →



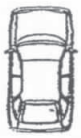
INSRS:
WSP: Motor Image
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SML 4757G : X ; SHD 3405E : 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: | |

| 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: | |

Surveyor Steve Ref: III

## ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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.


Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PP. Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SML 4757G Yr Regn: 23/5/19

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

Make: Subaru XV c.c 1995

Colour Grey A/C: Insured / Std / NI / NA

Sp.Reading 17491 T/Radio: Insured / Std / NI / NA

Eng/No:

Ch/No: JF1GT7KL5KG062709

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl : NII / S/Rim / STD A/Rim or

Tyre Size: F: 225/55R18

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. 15/1/20 D.O.I. 23/1/20

Survey held at Motor Image, Alexandra Road

Dos. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front RH

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

| Date / Time | Action / Instruction |
|---|---|
| | MV - 113K |

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Proll. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($ )

☐ : Interview ($ )

☐ : Tech. Invs ($ )

☐ : Weekend ($ )

Survey Fee:

Transportation:

$ + RS $

Photos

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: | Singapore NRIC |
| Owner ID: | 369F |
| **Vehicle Details** | |
| Vehicle No.: | SML4757G |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 23 Jan 2020 |
| Vehicle Make: | SUBARU |
| Vehicle Model: | XV 2.0I-S EYESIGHT AWD CVT |
| Primary Colour: | Grey |
| Manufacturing Year: | 2018 |
| Engine No.: | FB20CE20703 |
| Chassis No.: | JF1GT7KL5KG062709 |
| Maximum Power Output: | 115.0 kW (154 bhp) |
| Open Market Value: | $13,360.00 |
| Original Registration Date: | 23 May 2019 |
| First Registration Date: | 23 May 2019 |
| Transfer Count: | 0 |
| Actual ARF Paid: | $13,360.00 |
| **Intended PARF Rebate Details** | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 22 May 2029 |
| PARF Rebate Amount: | $10,020.00 |
| **Intended COE Rebate Details** | |
| COE Expiry Date: | 22 May 2029 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | $48,010.00 |
| COE Rebate Amount: | $44,786.00 |
| **Total Rebate Amount:** | **$54,806.00** |

The information contained herein is correct as at 23 Jan 2020

OK