15/5/2010

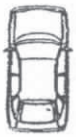
INS. CASE OWNER: JOEL GOH | CC4/EQI20001471/T1ga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 24/01/2020 Date / Time : 23/01/2020

Registered in Merimen: —

Pre-assign / CCU / FTE X



Insured Vehicle No. : SJU 1305K Claim No. : DM20HO00199-JG

Name of Insured : XINYA AUTO LEASING & RENTAL PTE LTD Policy No. : DMCFHQ19-000041

Insured Tel No. : HP: Make / Model : TOYOTA VIOS

Excess Sec II :S$ D.O.A : 22/01/2020 17:10 Place of Accident : ALONG CIRCUIT ROAD

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

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

Driver Tel No. : +65-91162595 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SBS 6309Y → → →

INSRS:
WSP: TOWER
Tel : TRANSIT
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SBS 6309Y } ~~- NBA/INC16004162/Y ; DOA: 18.11.2015~~
	SJU 1305K } NBA/EQI20001427/Y ; DOA : 22.01.2020

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: Taufik | REF: EQI

ASSIGNMENT

From: | Date: 24/01/2020

Estimated Cost:

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

To Inspect Vehicle No: SBS 6309 Y

at Workshop m/s Tower Transit

of 21 Bulim Drive

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

Before 11:30am
Lynn @ 91990025

(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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS Insp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SBS6309Y Yr Regn: 2012 / Oct

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

Make: Mercedes Benz Citaro 0530 c.c 6374

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

Sp.Reading 361301 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WEB62808323123772

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: 275/70R22.5

R: ^ ^ (O)

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	S/L mm
L/Bal.	8 mm	L/Bal.	S/L mm
D.O.A.		D.O.I.	24/1/20

Survey held at Tower Transit

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)

☐ : 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	

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	417K
Vehicle Details	
Vehicle No.:	SBS6309Y
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Jan 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	CITARO O530
Primary Colour:	Multicolor
Manufacturing Year:	2012
Engine No.:	90292600947114
Chassis No.:	WEB62808323123772
Maximum Power Output:	-
Open Market Value:	$283,024.00
Original Registration Date:	02 Oct 2012
First Registration Date:	02 Oct 2012
Transfer Count:	1
Actual ARF Paid:	$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Rebate Amount:	$0.00
Total Rebate Amount:	**$0.00**

The information contained herein is correct as at 28 Jan 2020

OK