LALITHA

CC4/III20001691/Kga3

LKK: IDAC:

ASSIGNMENT
TADDIGITATATE TATE

Surveyor:

INS. CASE OWNER:

KENNETH

DOI: 29/01/2020

29/01/2020 Date / Time : Registered in Merimen:

31/01/2020

X

Pre-assign	10	C	U	/	\mathbf{F}'	ΓE
www. ennusinger		-	-			



SLB 4459G Insured Vehicle No.

Claim No.

Name of Insured

LAM SENG HANG CO PTE LTD

Policy No.

D18MPC0000807-01 KIA CERATO FORTE KOUP-1.6 (A)

Insured Tel No. Excess Sec II :S\$

HP: D.O.A: 20/01/2020 18:45 Make / Model :

Is driver the owner?

(YES/NO)

Nature of Accident:

SLE TOWARDS BKE Place of Accident:

If NO, Driver Name / Age: TAI KEONG TATT PAUL Driver Tel No.:

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

+65-98385847

(V/L: YES / NO)

Insured Liability:

Final? Yes/No

SHD 9692C



INSRS: WSP: TRANS-CAB Tel: AUTO

Liability: RMKS:



INSRS: WSP: Tel: Liability:

RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time					
		013286/z4; DOA: 20.07.18	STAGE	DATE / PIC	
	SHD 9692C - CS/INC19	014771/Kqd3n2; DOA: 19.08.19	Non-Reporting ltr (1st):		
	- CC3/III180	022291/Kga3q2; DOA: 06.12.18 6011037/Kha3q2; DOA: 11.06.16	Non-Reporting ltr (2nd): Non-Reporting ltr (Final):		
	- CC3/AIG1	6011037/Kha3q2; DOA: 11.06.16			
			Notification ltr (if non-pickup):		
			Call OI:		
			After call ltr to OI:		
			Documentation Check List: Ha	ndler Typist	
			Notification ltr (if non-pickup)		
			After call ltr to OI:		
			Authorisation To Act:		
04/09/2020	10 DAYS NOTICE SENI) TP.	Release Voucher:		
			Final Repair Bill:		
17/09/2020	NO ELIBTHED DESPONSE	COEVELORMENT EDOM TO SURMIT WO	Car Rental Invoice:		
, 50, 2020	ADMIN TO CLOSE	E/DEVELOPMENT FROM TP. SUBMIT WP.	Towing Invoice		
			LTA / GIA :		
			Medical Bill:		
			PIR:		
			Mandate/Reject Instruction:		
			LOD		
			Payment Breakdown Form:		
PRELIMINARY ADVICE	Dota/Time:	Sent By:	Post-Repair Photos:		
RELIMINARY ADVICE	Date Time.	Delit Dy.	Others:		
TALL TO A THOM	Date/Time:	Confirm with:	Confirm by:		
FINALIZATION	0.5	days) Reduction: 23,871.05 % 97	Email	Call	
Repair Cost: P/P	39 012.20 (onfirm with	Email Call		
FINAL SETTLEMENT	ES MINE A MINE .		If NO or B 28, Ass. Lia:		
inal Liability:		sessed) BOLA S/N No. : 27	II NO 01 B 20, Ass. Lia .		
Repair Cost:	S\$				
oss of Rental (LOR):	S\$ (days)			
oss of Use (LOU):	S\$ (\$ x	days)			
Loss of Income (LOI):	S\$ (\$ x	days)			
OR only LOU only	LOR + LOU LOF	t + LOI [Tick only one]			
GIA/LTA Search	SS				
Medical:	SS		1) Claim status: Normal/Reject	/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format: WP	4450.00	
egal Cost	S\$		3) Survey fee:	\$450.00	
Fotal:	The state of the s	lobal Sum S\$:			
FINAL PAYMENT	Date/Time: C	onfirm with:	Email Call		
	S\$ N	ame 1:			
	22				
Payee 1: Payee 2: (Strike if N.A.)	50	ame 2:			

ASS. REC. BY:	WM 19
	SIGNMENT
From: Date:	Veh No: SIAD 9682 C Yr Regn: 06, 19
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi) Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toy Poris c.c 1798
at Workshop m/s Trans Cab	Colour M.P. White 1 Red A/C: Insured / Std / NI / NA
of	Sp.Reading : T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: JTD16B31=U8.03082103
Claims No.	Gen. Cond: Sood) Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Ino der/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inerder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / S/Rim / STDA/Rim or
	Tyre Size: F: 195/65215
(Policy Condition)	
Remark: The veh had commenced its N/S O/S	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YORO or
Bal. or Market Value:	
IDAC Accident Rport: Consistent? : Yes or No	Front Rear Z
GIA / PR Seen: Consistent? : Yes or No	Man mm
Est. Repairs: // Z days Res.: Yes or No	D.O.A. 20/1/20 D.O.I. 29/1/202
Lum Sum: 18-1 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt Rear' O/S N/S U/C Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	The state of the control of the cont
	/
Date/Time File Date In 2	
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Oute/Time, File Return to?	Transportation:
Add Fee	
	: Interview (\$) Fixetos
Report Format :	Tech Invs (\$) Others
Lump Sum / I.B.I: (S	Weekend (\$
	TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: /ehicle Details	878K	
/ehicle No.:	SHD9692C	
/ehicle to be Exported:	Yes	
ntended Deregistration Date:	21 Jan 2020	
/ehicle Make:	TOYOTA	
√ehicle Model:	PRIUS 5DR HATCHBACK (AUTO)	
Primary Colour:	Red	
Manufacturing Year:	2018	
Engine No.:	2ZR2C35960	
Chassis No.:	JTDKB3FU803082105	
Maximum Power Output:	90.0 kW (120 bhp)	
Open Market Value:	\$26,605.00	
Original Registration Date:	27 Jun 2019	
First Registration Date:	27 Jun 2019	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$14,247.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	26 Jun 2027	
PARF Rebate Amount: Intended COE Rebate Details	\$10,685.00	
COE Expiry Date:	26 Jun 2027	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	8	
PQP Paid:	\$23,872.00	
COE Rebate Amount:	\$19,097.00	
Total Rebate Amount: Message	\$29,782.00	

The information contained herein is correct as at 21 Jan 2020 $\,$

OK