Stanley Lai

## CC4/III20001821/Uga3

| LKK:  |  |
|-------|--|
| IDAC: |  |

| CASE UWINER. |            |
|--------------|------------|
|              | ASSIGNMENT |

MARCUS Surveyor:

DOI: 12/02/2020

Date / Time:

03/02/2020

Registered in Merimen:

01/02/2020 by wksp

Pre-assign / CCU / FTE

| 1 | _ |     |
|---|---|-----|
| 1 | F | -/1 |
| ı | 1 | U   |
| ł |   | -W  |

**GBH 817U** Insured Vehicle No.

Claim No.

MFL2020D0000229

Name of Insured

Policy No.

D19MFL0005549

Insured Tel No. Excess Sec II :S\$ HP: D.O.A: 25/01/2020 17:30 Place of Accident : JOO SENG ROAD

Make / Model :

Is driver the owner?

(YES / NO)

Nature of Accident:

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

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

Final? Yes/No

SKJ 660L

RMKS:



INSRS: WSP: Progressive

Tel: Car Care

INSRS: WSP: Tel:

Liability:

RMKS:

INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

| Date/ Time   | SK I 660L - X GBH 817U - X   | STAGE DATE/PIC   |  |  |
|--|--|--|--|--|
|  | SKJ 660L - X GBH 817U - X  | Non-Reporting ltr (1st):   |  |  |
|  |  | Non-Reporting ltr (2nd):   |  |  |
| *  | I gmk.   | Non-Reporting ltr (Final):   |  |  |
| ,,   | O T TIC  | 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:  |  |  |
|  |  |  |  |  |
| RELIMINARY ADVICE  | Date/Time: Sent By:  | Post-Repair Photos:  |  |  |
|  |  | Others:  |  |  |
| INALIZATION  | Date/Time: Confirm with:   | Confirm by:  |  |  |
| epair Cost:  | S\$ ( days) Reduction: %   |  |  |  |
|  |  |  |  |  |
|  | Date/Time: Confirm with  | 2000   |  |  |
| INAL SETTLEMENT  | Date/Time: Confirm with  (Agreed / Assessed) BOLA S/N No.:                               | If NO or B 28, Ass. Lia:   |  |  |
| INAL SETTLEMENT inal Liability:  | Date Time.   | 2000   |  |  |
| TNAL SETTLEMENT final Liability: depair Cost:  | % (Agreed / Assessed) BOLA S/N No. :<br>S\$  | 2000   |  |  |
| TNAL SETTLEMENT inal Liability: tepair Cost: cost of Rental (LOR):   | % (Agreed / Assessed) BOLA S/N No. :<br>S\$  | 2000   |  |  |
| rinal Liability: depair Cost: coss of Rental (LOR): coss of Use (LOU):   | % (Agreed / Assessed) BOLA S/N No. :  S\$  S\$ ( days)  S\$ (\$ x days)  S\$ (\$ x days) | 2000   |  |  |
| rinal Liability: depair Cost: doss of Rental (LOR): doss of Use (LOU): doss of Income (LOI):   | % (Agreed / Assessed) BOLA S/N No. :  S\$  S\$ ( days)  S\$ (\$ x days)  S\$ (\$ x days) | 2000   |  |  |
| TNAL SETTLEMENT  inal Liability: cepair Cost: coss of Rental (LOR): coss of Use (LOU): coss of Income (LOI): corr only LOU only  | % (Agreed / Assessed) BOLA S/N No. :  S\$  S\$ ( days)  S\$ (\$ x days)  S\$ (\$ x days) | If NO or B 28, Ass. Lia:   |  |  |
| TNAL SETTLEMENT inal Liability: depair Cost: doss of Rental (LOR): doss of Use (LOU): doss of Income (LOI): dorum LOU only GIA/LTA Search  | %  | If NO or B 28, Ass. Lia:  1) Claim status: Normal/Reject/Private Settle                    |  |  |
| TINAL SETTLEMENT Final Liability: Lepair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical:  | %  | If NO or B 28, Ass. Lia :  1) Claim status: Normal/Reject/Private Settle 2) Report Format: |  |  |
| TNAL SETTLEMENT  inal Liability: depair Cost: depair Cost | %  | If NO or B 28, Ass. Lia:  1) Claim status: Normal/Reject/Private Settle                    |  |  |
| TNAL SETTLEMENT  inal Liability:  depair Cost:  loss of Rental (LOR):  loss of Use (LOU):  loss of Income (LOI):  lor only LOU only  SIA/LTA Search  Medical:  Disbursement:  legal Cost   | %  | 1) Claim status: Normal/Reject/Private Settle 2) Report Format: 3) Survey fee:             |  |  |
| TNAL SETTLEMENT  inal Liability:  depair Cost:  loss of Rental (LOR):  loss of Use (LOU):  loss of Income (LOI):  lor only LOU only  GIA/LTA Search  Medical:  Disbursement:  legal Cost  Fotal:   | %  | If NO or B 28, Ass. Lia :  1) Claim status: Normal/Reject/Private Settle 2) Report Format: |  |  |
| TNAL SETTLEMENT  inal Liability: depair Cost: doss of Rental (LOR): doss of Use (LOU): doss of Income (LOI): dos o | %  | 1) Claim status: Normal/Reject/Private Settle 2) Report Format: 3) Survey fee:             |  |  |
| TNAL SETTLEMENT  inal Liability:  depair Cost:  loss of Rental (LOR):  loss of Use (LOU):  loss of Income (LOI):  lor only LOU only  GIA/LTA Search  Medical:  Disbursement:  legal Cost  Fotal:   | %  | 1) Claim status: Normal/Reject/Private Settle 2) Report Format: 3) Survey fee:             |  |  |

| (08/11/13) wef   | REF:                         | 17.7 / 181/ Ug onn  |
|--|------------------------------|---|
| ASS. REC. BY: Marcus   | KEF:                         | 11,7 / 80/109   |
| 7  | ASS                          | IGNMENT 216   |
| From: Estimated Cost:  | Date:                        | Veh No: Sky 660 C Yr Regn: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |
| OD TP WS / TP RES / OD RI  | ES / EVA / INV / MV          | Truck / Trailer or 99 /   |
| To Inspect Vehicle No:   |                              | Make: 3MW X3 c.c 1997   |
| at Workshop m/s  | SAY660L                      | Colour 3 lock A/C: Insured / Std / NI / NA  |
| of   | 1 1) 0.01                    | Sp.Reading 64060 T/Radio: Insured / Std / NI / NA   |
| Insured:   |                              | Eng/No:   |
| Policy No.   |                              | C/No: WBAWY 9 20 200 700 237  |
| Claims No.   |                              | Gen. Cond: Good / Fair / Poor / Burnt   |
| Sum Insured:   | Excess:                      | Steering: Increer/ Jammed / Leaked / Burnt or   |
| (Client's Record)  |                              | Brake: Inorder Jammed / Leaked / Burnt or   |
| Make of Veh:   |                              | Modi: Nil (SIRim / STD A/Rim or   |
| (Policy Condition)   | A                            | Tyre Size: F: 225/60117   |
| (Policy Condition)  Remark: The veh had commer repair at the time of |                              | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /                               |
| Bal. or Market Value:  | \$105                        | Front Rear  |
| IDAC Accident Rport:   | Consistent? : Yes or No      | R/Bal. 6 mm R/Bal. mm   |
| GIA LPR Seen: 9  | Consistent? : Yes or No      | L/Bal. 6 mm L/Bal. 6 mm   |
|  | days Res.: Yes or No         | D.O.A. 25-/1/20 D.O.I. 13/2/20  |
|  | % 3 Val.: Yes or No          | Survey held at  |
| CA / REV / REP. / 24   | HRS LA YOUR                  | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or                                 |
| Date: Person   | Vehicle: IN / OUT Contacted: | The U/C / Chassis frame / Body Structure affected due to collision.                         |
| Date / Time Action / Instr   |                              | The U/C / Chassis frame / Body structure affected due to comision.                          |
|  |                              |   |
|  | ı                            |   |
| Date/Time, File Pass to?   | : Preli. Report              | Days Of Repair:   |
| 1)   | : Final Report               | Resurvey No. of Trip: Survey Fee:   |
| Date/Time, File Return to?   |                              | Transportation:   |
| 2)   | Add Fee                      |   |
| Daniel Francis   |                              | : Interview (\$ ) Photos  |
| Report Format :  |                              | : Tech. Invs (\$ ) Others   |
| Lump Sum / I.B.I: (\$  | )                            | : Weekend (\$ )   |

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BMW X3 sDrive20i M-Sport Sunroof

\$130,800

\$16,040 /yr

25-Nov-2016

1.997 cc

47,000 km

Any

SUV

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Posted: 11-Feb-2020 Tags: 2016 BMW X3, 2016 bmw x3, BMW X3, bmw x3, BMW, X3, x3, Used BMW



BMW X3 xDrive28i Sunroof

\$131,800

\$15,530 /yr

28-Sep-2016

1,997 cc

40,000 km

SUV

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Posted: 04-Feb-2020 Tags: 2016 BMW X3, 2016 bmw x3, BMW X3, bmw x3, BMW, X3, x3, Used BMW



BMW X3 sDrive20i

\$108,800

\$15,070 /yr

26-Feb-2016

1.997 cc

86,000 km

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Posted: 23-Dec-2019 Tags: 2016 BMW X3, 2016 bmw x3, BMW X3, bmw x3, BMW, X3, x3, Used BMW



BMW X3 sDrive20i M-Sport

\$130,000

\$16,270 /vr

29-Sep-2016

1.997 cc

44,000 km

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1/2

## '> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle Vehicle Owner Particulars Singapore NRIC Owner ID Type: 027G Owner ID: Vehicle Details SKJ660L Vehicle No.: No Vehicle to be Exported: 28 Jan 2020 Intended Deregistration Date: B.M.W. Vehicle Make: X3 SDRIVE 201 HID NAV Vehicle Model: Primary Colour: 2015 Manufacturing Year: B5691283N20B20A Engine No.: WBAWY920200J00232 Chassis No.: 135.0 kW (181 bhp) Maximum Power Output: \$31,174.00 Open Market Value: 27 Feb 2016 Original Registration Date: 27 Feb 2016 First Registration Date: \$35,644.00 17822 Transfer Count: Actual ARF Paid: Intended PARF Rebate Details Yes PARF Eligibility: 26 Feb 2026 PARF Eligibility Expiry Date: \$26,733.00 PARF Rebate Amount: Intended COE Rebate Details 26 Feb 2026 COE Expiry Date: E - Open Category COE Category: 10 COE Period(Years): \$44,001.00 QP Paid: \$23,495.00 COE Rebate Amount:

The information contained herein is correct as at 28 Jan 2020

**Total Rebate Amount:** 

OK

\$50,228.00