

15/5/2010

INS. CASE OWNER:

WANG Peter  
6880 4393

CC4/ASM20001953/Kga3

LKK:

IDAC: 158793

ASSIGNMENT

Surveyor:

KENNETH

DOI:

*4/2/2020*

Date / Time : 04/02/2020

Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No. : SJP 344E  
 Name of Insured : LIN KUEN PING (LIN KUNPING)  
 Insured Tel No. : 65431191 HP: \_\_\_\_\_  
 Excess Sec II : \$\$ D.O.A : 02/02/2020  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_  
 If NO, Driver Name / Age : \_\_\_\_\_  
 Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO)

Claim No. : S0M02F5E  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : \_\_\_\_\_  
 OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Insured Liability : \_\_\_\_\_ % Final ? Yes / No

SMH 7281M



INSRS:  
WSP: AUTOWORX  
Tel: HOUSE  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
SMH 7281M -NBA/UOI19021397/Y; DOAI 03.12.19 SJP 344E - X	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	
OINR. To send out first letter. File pass to Su Li. X <i>By reported - 5/2/2020.</i>	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>	
	After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>	
	Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>	
	Release Voucher: <input type="checkbox"/> <input type="checkbox"/>	
	Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>	
	Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>	
	Towing Invoice <input type="checkbox"/> <input type="checkbox"/>	
	LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>	
	Medical Bill: <input type="checkbox"/> <input type="checkbox"/>	
	PIR: <input type="checkbox"/> <input type="checkbox"/>	
	Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>	
	LOD <input type="checkbox"/> <input type="checkbox"/>	
	Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>	
	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>	
	Others: <input type="checkbox"/> <input type="checkbox"/>	
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____	<b>Confirm with:</b> _____ <b>Confirm by:</b> _____	
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____	Repair Cost: L/S S\$ 2900.00 ( 4 days) Reduction: 5694.88 % 66 Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: 20/10/2020 Confirm with JAKE	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 2900.00		
Loss of Rental (LOR): S\$ 600.00 ( 6 days) x \$100.00		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ 2.00		
Medical: S\$	1) Claim status: <input type="checkbox"/> Formal/Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost S\$	3) Survey fee: \$350.00	
<b>Total:</b> S\$ 3502.00 <b>Global Sum S\$:</b> 3500.00	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____		
Payee 1: S\$ 3500.00 Name 1: AUTOWORX HOUSE		
Payee 2: (Strike if N.A.) S\$ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ Name 3: _____		

ASS. REC. BY:

REF: AMM

1983

Kenneth

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Suprema

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

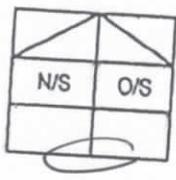
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: 81286

IDAC Accident Rport: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 4-5 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: SMH 7281M Yr Regn: 01, 19

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

Make: Toy Voly c.c. 1797

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

Sp. Reading: 83336 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_ C/No: ZWR80 0331464

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / A/Rlm or

Tyre Size: F: A 195/65R15 R: APWS

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

Front R/Bal. 9 mm Rear R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 2/2/20 D.O.I. 4/2/2020

Survey held at \_\_\_\_\_ Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>GIA not ready</u>

Date/Time, File Pass to?  : Prell. Report  : Final Report

1) \_\_\_\_\_  
Date/Time, File Return to?  
2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ )  
 : Interview (\$ )  
 : Tech Invs (\$ )  
 : Weekend (\$ )

Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
S + RS. SI \_\_\_\_\_  
Fees \_\_\_\_\_  
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:	350D
Vehicle Details	
Vehicle No.:	SMH7281M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Feb 2020
Vehicle Make:	TOYOTA
Vehicle Model:	VOXY HYBRID 7-SEATER 1.8V CVT
Primary Colour:	Brown
Manufacturing Year:	2018
Engine No.:	2ZR0B97227
Chassis No.:	ZWR800331464
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,027.00
Original Registration Date:	30 Jan 2019
First Registration Date:	30 Jan 2019
Transfer Count:	0
Actual ARF Paid:	\$26,838.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jan 2029
PARF Rebate Amount:	\$20,128.00
Intended COE Rebate Details	
COE Expiry Date:	29 Jan 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$33,989.00
COE Rebate Amount:	\$27,191.00
<b>Total Rebate Amount:</b>	<b>\$47,319.00</b>

The information contained herein is correct as at 06 Feb 2020

OK