

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 :S\$ _____ 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	
	OINR. To send out first letter. File pass to Su Li. X <i>By reported - 4/2/2020.</i>	
	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)	<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"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ _____		
Medical: S\$ _____		
Disbursement: S\$ _____ (e.g. Tow/ Independent)		
Legal Cost S\$ _____		
Total: S\$ _____ Global Sum S\$: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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:

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. _____

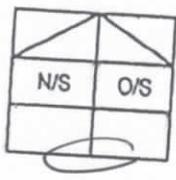
Sum Insured: _____ Excess: _____

(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 Vaux c.c. 1797

Colour: M. Grey 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

L/Bal. 9 mm

D.O.A. 2/2/20

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____

S + RS. SI

Fuel

Others

)

TOTAL

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

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
Total Rebate Amount:	\$47,319.00

The information contained herein is correct as at 06 Feb 2020

OK