

INS. CASE OWNER: **CHAN Kian Chuan**
68805444

CC4/ASM20001954/Uga3

LKK: **158859**
 IDAC:

ASSIGNMENT

Surveyor: **MARCUS** DOI: **04/02/2020** Date / Time : **04/02/2020**
 Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : **SMF 2935D** Claim No. : **S0M02F0Z**
 Name of Insured : **MOHAMMED ALI BIN MOHAMMED ALI BIN** Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ D.O.A : **01.02.2020** Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**

SME 4949G



INSRS:
 WSP: **LEE BRO**
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	STAGE	DATE / PIC
	SME 4949G - X	SMF 2935D - X
	OINR. To send out first letter. File pass to Su Li.	
	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
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$	(days) Reduction: %
		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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\$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	058J
Vehicle Details	
Vehicle No.:	SME4949G
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Feb 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C180 AVANTGARDE (R17 LED)
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	27491031425969
Chassis No.:	WDD2050402R405855
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$37,480.00
Original Registration Date:	02 Aug 2018
First Registration Date:	02 Aug 2018
Transfer Count:	0
Actual ARF Paid:	\$44,472.00 22236
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Aug 2028
PARF Rebate Amount:	\$33,354.00
Intended COE Rebate Details	
COE Expiry Date:	01 Aug 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$31,000.00
COE Rebate Amount:	\$26,316.00
Total Rebate Amount:	\$59,670.00

The information contained herein is correct as at 05 Feb 2020

OK

