

ASSIGNMENTSurveyor: **XING GUO QIANG**DOI: **10/02/2020**Date / Time : **05/02/2020**Registered in Merimen: **05/02/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLZ 7309K**Claim No. : **5486452112SG**

X

Name of Insured : **LAI JUEBIN**Policy No. : **1800050623**

Insured Tel No. : _____ HP: _____

Make / Model : **JAGUAR XE-2.0 (A)**Excess Sec II :S\$ _____ D.O.A : **03/02/2020 15:20**Place of Accident : **KK WOMEN'S AND CHILDREN'S HOSPITAL CARPARK**Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No****SME 418Z**INSRS:
WSP: **PREMIUM**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | SME 418Z - X | SLZ 7309K - X | STAGE | DATE / PIC |
|---|-----------------|------------------------------------|--|--|
| | | | 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: | 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\$ | | 1) Claim status: Normal/Reject/Private Settle | |
| Medical: | S\$ | | 2) Report Format: | |
| Disbursement: | S\$ | (e.g. Tow/ Independent) | 3) Survey fee: | |
| Legal Cost | S\$ | | | |
| Total: | S\$ | Global Sum S\$: | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| 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: | | |

1989

Veh No: SMG 4182 Yr Regn: 12 Aug 2018

Type: M/Car/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Audi A6 C.C. 1798

Colour Black A/C: Insured / Std / NI / NA

Sp. Reading 30822 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZ4G.4JN046604

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/55R17

Re:

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

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 7 mm

D.O.A. _____ D.O.I. 0
10 2 22

Vehicle: IN / OUT

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

TC91

Nivitha (LKK Auto)

From: Claims <claims@premiumauto.com.sg>
Sent: Tuesday, 4 February 2020 3:07 PM
To: 'Admin A'; 'Nivitha (LKK Auto)'; 'SUR'
Cc: 'Claims'
Subject: ACCIDENT BETWEEN SME 418 Z AND YOUR INSURED SLZ 7309 K ON 3/2/2020
Attachments: SME 418 Z - 03022020 ADDENDUM.PDF

Dear all,

Kindly assist in the liability clearance for above mentioned case. We propose for a 100% direct settlement in our client's favour

Please advise who the officer in-charge we shall liaise with is. To avoid dispute during finalisation, we propose for LOU/R at \$100/180 per day.

Attached is the GIA report and estimate for your reference.

Kindly arrange survey on 10/2/2020, 9.30am. Owner waiting.

We are claiming AIG.

Best Regards,
Syafiq
Claims Admin Assistant

Premium Automobiles Pte Ltd (Reg No. 199902271W)
55 Ubi Road 1 Road Singapore 408699
p. +65 6388 2323 d. +65 6768 9828 f. +65 6841 1183
e. claims@premiumauto.com.sg w. www.audi.com.sg
Audi Showroom, Audi Centre 281 Alexandra Road Singapore 159938 p. +65 6836 2223



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Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------|---------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 879C |
| Vehicle No.: | SME418Z |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 10 Feb 2020 |
| Vehicle Make: | AUDI |
| Vehicle Model: | A6 1.8 TFSI ULTRA (PI) (NAV) |
| Primary Colour: | Black |
| Manufacturing Year: | 2017 |
| Engine No.: | CYG023783 |
| Chassis No.: | WAUZZZ4G4JN046604 |
| Maximum Power Output: | 140.0 kW (187 bhp) |
| Open Market Value: | \$43,964.00 |
| Original Registration Date: | 10 Aug 2018 |
| First Registration Date: | 10 Aug 2018 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$53,550.00 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 09 Aug 2028 |
| PARF Rebate Amount: | \$40,162.00 |
| COE Expiry Date: | 09 Aug 2028 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$34,381.00 |
| COE Rebate Amount: | \$29,214.00 |
| Total Rebate Amount: | \$69,376.00 |

The information contained herein is correct as at 10 Feb 2020

OK