15/5/2010

INS. CASE OWNER: CC4/AIG20002550/Uda3

LKK:

IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 13/02/2020 Date / Time : 13/02/2020

Registered in Merimen: 13/02/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SKB 8523P Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 09/02/2020 19;20 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**

SKQ 7188B → → →

INSRS:
WSP: ZOOM AUTOWERKS
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKQ 7188B - CC4/FWD18011772/Kea3q2 ; DOA: 24.6.18
	CS/INC19012163/Uvf3e2 ; DOA: 7.7.19
	~~SKB 8523P - NA/UOI20002301/z4; DOA : 09.02.2020~~

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	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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
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 ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

(08/11/13) wef

ASS. REC. BY: Marcus

REF: AM/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SKQ7188S

at Workshop m/s Zoom

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.**

N/S	O/S

Bal. or Market Value: 25k.

IDAC Accident Rport: Consistent? : **Yes** or **No**

GIA / PR Seen: Consistent? : **Yes** or **No**

Est. Repairs: days Res.: **Yes** or **No**

Lum Sum: % 3 Val.: **Yes** or **No** 390D

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted: Tools

Veh No: SKQ7188S Yr Regn: 23/12/10

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

Make: OPEL INSIGNIA c.c 1998

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

Sp.Reading 190015 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: W0L0M5EE2A1130974

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or

Brake: **Inorder / Jammed / Leaked / Burnt** or

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

Tyre Size: F: OTANI

R: 245/45R18

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 9/2/20 D.O.I. 13/2/20

Survey held at

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

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

Date / Time	Action / Instruction
	COE 22-12-2020 LTA 20997

Date/Time, File **Pass** to?

1)

Date/Time, File **Return** to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	390D
Vehicle Details	
Vehicle No.:	SKQ7188B
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Feb 2020
Vehicle Make:	OPEL
Vehicle Model:	INSIGNIA 2.0 AT ABS D/AB 2WD 4DR GAS/D
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	A20NHT0N015916
Chassis No.:	W0LGM5EE2A1130974
Maximum Power Output:	162.0 kW (217 bhp)
Open Market Value:	$29,687.00
Original Registration Date:	23 Dec 2010
First Registration Date:	23 Dec 2010
Transfer Count:	4
Actual ARF Paid:	$29,687.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Dec 2020
PARF Rebate Amount:	$14,843.00
Intended COE Rebate Details	
COE Expiry Date:	22 Dec 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	$71,186.00
COE Rebate Amount:	$6,154.00
Total Rebate Amount:	**$20,997.00**

The information contained herein is correct as at 14 Feb 2020

OK