15/5/2010

INS. CASE OWNER: MERINA CHIA | CC4/FCI20003085/ K da3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 26/2/2020 Date / Time : 21/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 7597M

Name of Insured : CITYCAB PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 24/01/2020 00:05

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : LEE SWEE HANG

Driver Tel No. : +65-98271511 (V/L: YES / NO)

Claim No. : D20000640MFSH

Policy No. : D-20094921MFSH

Make / Model : HYUNDAI IONIQ

Place of Accident : PAYA LEBAR ROAD

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

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

SLW 6757Y → → → →

INSRS:
WSP: LIM TAN
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLW 6757Y - CC4/ASM19012231/Kpb3q2 ; 08/07/19 NA/INC20001464/r3 ; 24/01/2020
	SHC 7597M - CC3/AIG16022427/H1ub3q2 ; 21.11.16 CS/FCI14008422/R1qm3d1 ; 01.05.14 NA/INC20001464/r3 ; 24.1.2020

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$	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$** **Global Sum S$:**	

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:	

ASS. REC. BY:

REF: FC1

ASSIGNMENT

From: _____ Date: 26.2.2020

Estimated Cost: _____

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

To Inspect Vehicle No: SLW 6757Y

at Workshop m/s Lim Tan

of Blk 176 Sin Ming drive #03-09

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: Audi 100.m

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $ 1321c

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS mpl

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLW 6757Y Yr Regn: 10 / 16

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

Make: Merc A/ E220d c.c 1950

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

Sp.Reading 191680 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 21300 42A061017

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: 225/55R17

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	26/1/20	D.O.I.	26/2/20

Survey held at _____

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

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

Date / Time	Action / Instruction
	Book

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:	Company
Owner ID:	868G
Vehicle Details	
Vehicle No.:	SLW6757Y
Vehicle to be Exported:	Yes
Intended Deregistration Date:	30 Jan 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E220D AUTO
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	65492080032372
Chassis No.:	WDD2130042A061017
Maximum Power Output:	143.0 kW (191 bhp)
Open Market Value:	$52,230.00
Original Registration Date:	20 Oct 2016
First Registration Date:	20 Oct 2016
Transfer Count:	1
Actual ARF Paid:	$51,014.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Oct 2026
PARF Rebate Amount:	$38,260.00
Intended COE Rebate Details	
COE Expiry Date:	19 Oct 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$53,001.00
COE Rebate Amount:	$35,604.00
Total Rebate Amount:	**$73,864.00**

The information contained herein is correct as at 30 Jan 2020

OK