15/5/2010

INS. CASE OWNER: Bennie Tan | CC3/AIG20003364/Gda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 03/03/2020 Date / Time : 28/02/2020

Registered in Merimen: 28/02/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SLA 4695X Claim No. : 1691563807SG

Name of Insured : TWINCAR LEASING PTE LTD Policy No. : 999994017

Insured Tel No. : HP: Make / Model : HONDA VEZEL

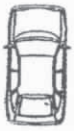
Excess Sec II :S$ D.O.A : 27/02/2020 17:10 Place of Accident : ALONG CTE TWDS SLE SLIP RD TO MOULMEIN RD

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

If **NO**, Driver Name / Age : TOH HOON PENG STEVE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96923390 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SKW 6568M → → →



INSRS:
WSP: PREMIUM
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLA 4695X SKW 6568M ~~NA/AIG20003336/r3; DOA : 27.2.2020~~

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:		

ASS./REC. BY: GL | REF: AIG | 33641 Gd.

ASSIGNMENT

From: _____ Date: 3/3/2020

Estimated Cost: _____

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

To Inspect Vehicle No: SKW 6568M

at Workshop m/s Premium

of 55 Ubi road 1

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 11.30a.m Owner waiting

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

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

CA / REV / REP. / 24 HRS Myor

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKW6568M Yr Regn: 30 Sep 2015

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

Make: Audi Q7 c.c 2995

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

Sp.Reading 90395 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ4M8GD008088

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: 285/45R 20

R: _____

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.	6 mm
D.O.A.		D.O.I.	03-03-20

Survey held at W/S 11.30

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

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

Date / Time	Action / Instruction

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.E.I: ($ _____)

Survey Fee:	
Transportation:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	399N
Vehicle Details	
Vehicle No.:	SKW6568M
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Mar 2020
Vehicle Make:	AUDI
Vehicle Model:	Q7 3.0 TFSI QU (333 BHP)
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	CRE047618
Chassis No.:	WAUZZZ4M8GD008099
Maximum Power Output:	245.0 kW (328 bhp)
Open Market Value:	$70,642.00
Original Registration Date:	30 Sep 2015
First Registration Date:	30 Sep 2015
Transfer Count:	0
Actual ARF Paid:	$99,156.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Sep 2025
PARF Rebate Amount:	$74,367.00
Intended COE Rebate Details	
COE Expiry Date:	29 Sep 2025
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	$61,300.00
COE Rebate Amount:	$33,433.00
Total Rebate Amount:	**$107,800.00**

The information contained herein is correct as at 03 Mar 2020

OK