

INS. CASE OWNER:

CC4 / LPC20003814

1E ka3

LKK:
IDAC:

Surveyor:

STWk

DOI:

ASSIGNMENT

16/2/2020

Date / Time: 9/3/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 7417B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS D.O.A : 5/3/20

Place of Accident : _____

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

SLS 5665

INSRS:
WSP: performance
Tel: motors
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

SLS 5665 - X

GBB 7417B - CC4 / ALG13001095 / GS93W2

DOA: 9/1/2013

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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: StarREF: LPC**ASSIGNMENT**

From: _____

Date: 16.3.2020

Estimated Cost: _____

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

To Inspect Vehicle No: SLS 566at Workshop m/s Performanceof 303 Alexandra Road

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.

<u>X</u>	<u>X</u>
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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 12p

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLS 566Yr Regn: 5/7/19Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

2998

Truck / Trailer or

Make: BMW M240iC.C. 2979Colour: Orange

A/C: Insured / Std / NI / NA

Sp. Reading: 6012

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA 2J520407E 04271Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim orTyre Size: F: 225/42R18R: 1BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 5/3/20D.O.I. 16/3/20Survey held at Per Examine MthysDes. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

MV-280K

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / L.B. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

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:	010H
Vehicle Details	
Vehicle No.:	SLS566S
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Mar 2020
Vehicle Make:	B.M.W.
Vehicle Model:	M240I LED NAV
Primary Colour:	Orange
Manufacturing Year:	2019
Engine No.:	15745679B58B30A
Chassis No.:	WBA2J520407E04071
Maximum Power Output:	250.0 kW (335 bhp)
Open Market Value:	\$47,916.00
Original Registration Date:	05 Jul 2019
First Registration Date:	05 Jul 2019
Transfer Count:	0
Actual ARF Paid:	\$59,083.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Jul 2029
PARF Rebate Amount:	\$44,312.00
Intended COE Rebate Details	
COE Expiry Date:	04 Jul 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$39,728.00
COE Rebate Amount:	\$36,945.00
Total Rebate Amount:	\$81,257.00

The information contained herein is correct as at 16 Mar 2020

OK