

INS. CASE OWNER: Kian-Meng

Surveyor:

STW

DOI:

ASSIGNMENT

19/12/2020

Date / Time : 16/03/2020

Registered in Merimen: 16/03/2020

Pre-assign / CCU / FTE

X



Insured Vehicle No. : SGF 9688S

Claim No. : 3538170620SG

Name of Insured : CHIA CHEE KIANG

Policy No. : 2100425523

Insured Tel No. : HP: 98480871

Make / Model :

Excess Sec II : S\$ D.O.A : 14/03/2020 11:45

Place of Accident : JUNCTION OF GEYLANG BHARU AND BENDEMEER ROAD

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

SMH 4909G



INSRS:

WSP:

Tel : PREMIUM

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	SMH 4909G - X	SGF 9688S - 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 Typist
			Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <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\$			
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 <input type="checkbox"/>	Call <input type="checkbox"/>
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:

Steve

REF:

ALG

ASSIGNMENT

From:

Date:

19/03/2020

Estimated Cost:

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

To Inspect Vehicle No:

SMH 4909G

at Workshop m/s

Premium

of

281 Alexandra Rd

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

I am owner waiting.

(Policy Condition)

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



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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMH 4909G

Yr Regn:

24/1/19

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

Truck / Trailer or

Make:

Audi Q2

C.C

999

Colour

Red

A/C: Insured / Std / NI / NA

Sp. Reading

22387

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

W A U 2 2 2 6 A O K A 0 0 9 7 6 7

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: Nil / ☒ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

215/60R16

R:

(1)

☒ BS / ☐ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

14/3/20

D.O.I.

19/3/20

Survey held at

Premium, Alexandra Road

Des. of Damages: Frt / ☒ 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- 100K

Date/Time, File Pass to?



: Preli. Report



: Final Report

1)

Date/Time, File Return to?

2)

Report Format:

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

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:	523J
Vehicle Details	
Vehicle No.:	SMH4909G
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Mar 2020
Vehicle Make:	AUDI
Vehicle Model:	Q2 1.0 TFSI S TRONIC
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	CHZA93018
Chassis No.:	WAUZZZGA0KA000767
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$23,688.00
Original Registration Date:	24 Jan 2019
First Registration Date:	24 Jan 2019
Transfer Count:	0
Actual ARF Paid:	\$25,164.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Jan 2029
PARF Rebate Amount:	\$18,873.00
Intended COE Rebate Details	
COE Expiry Date:	23 Jan 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$26,170.00
COE Rebate Amount:	\$23,144.00
Total Rebate Amount:	\$42,017.00

The information contained herein is correct as at 19 Mar 2020

OK