5/5	20	10		

INS. CASE OWNER:

CC6/AIG20004834/Uea3

LKK: IDAC:

20

			ASSIGNMEN		
Surveyor:	MARCUS	DOI:	02/04	120	
Surveyor.		neuron ne			

02/04/2020 Date / Time :

Registered	in	Merimen:	02/04/2020	

Pre-assign	/ CCU	/FTE
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SME 130C Claim No. Insured Vehicle No.

Policy No. Name of Insured HP: Make / Model Insured Tel No.

D.O.A: 02/04/2020 Place of Accident: Excess Sec II:S\$ Nature of Accident : Is driver the owner? (YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO If NO, Driver Name / Age:

Insured Liability: Final? Yes/No Driver Tel No.: (V/L: YES / NO)

SMJ 1849E



INSRS: WSP: TAN LIM MOTOR

Tel: Liability: RMKS:



INSRS: WSP:

Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability:

RMKS:



INSRS: WSP: Tel:

Liability: RMKS:

Date/ Time SMJ 1849E - X STAGE DATE / PIC Non-Reporting ltr (1st): SME 130C - CC3/AIG19021687/Atf3 06/12/2019 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: Mandate/Reject Instruction: LOD Payment Breakdown Form: PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: Others: FINALIZATION Date/Time: Confirm with: Confirm by: Call Repair Cost: S\$ % days) Reduction: FINAL SETTLEMENT Date/Time: Confirm with Call Final Liability: % (Agreed / Assessed) BOLA S/N No.: If NO or B 28, Ass. Lia: Repair Cost: SS Loss of Rental (LOR): S\$ days) Loss of Use (LOU): SS (\$ days) Loss of Income (LOI): S\$ days) (\$ LOR only LOU only LOR + LOU LOR + LOI [Tick only one] GIA/LTA Search SS Medical: SS 1) Claim status: Normal/Reject/Private Settle 2) Report Format: Disbursement: SS (e.g. Tow/ Independent) 3) Survey fee: Legal Cost SS Global Sum S\$: S\$ Total: Call FINAL PAYMENT Date/Time: Confirm with: Email SS Name 1: Payee 1: Name 2: S\$ Payee 2: (Strike if N.A.) Name 3: Payee 3: (Strike if N.A.) S\$

(08/11/13) wef ASS. REC. BY: MCreus	A14/ 4834/4e
	SSIGNMENT
*	1
From: Date:	Veh No: SMJ (JUSE Yr Regn: 2/9) Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD/ TP/ WS / TP RES / OD RES / EVA / INV / MV	Truck/Trailer or A
To Inspect Vehicle No: SmJ 1849 E	Make: ONEL INSIGNIE C.C 1598
at Workshop m/s Landun	Colour Mife A/C: Insured / Std / NI / NA
of	Sp.Reading 40593 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/NO: WOVZM6EF2K1034214
Claims No.	Gen. Cond Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: (norder) Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or
	Tyre Size: F:
(Policy Condition)	R: 228/55-17
Remark: The veh had commenced its N/S O	BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 7 mm L/Bal. 7 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 2/4/20 D.O.I. 2/4/20
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS - 1988	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / C	, 50, 1
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Deplole.	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add I	
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$:Weekend (\$
	TOTAL



Trans Recovery Services Pte. Ltd.

HQ: No.2 Ang Mo Kio Street 63, Singapore 569111

Email: recovery@transcab.com.sg

UEN No.: 201737017G

Hotline: +65 8201 6666

Fax: +65 6287 7764

Invoice Order no: 010803

Date: _

Messrs:	Tan Lim Motor	Amount: \$50 CASH CREDIT
Vehicle no:	SMJ 1849 E	Brand/Model: Opel
Time:	CALL IN: REACH: COMPLETE:	Contact No: 9066 1732
From:	TPY James	To: Defu Lane
Operator:	James	Tow Truck/By:
Type of Service:	Breakdown Jump Start Replace Battery/Tyre King Dolly/Flatbed Crane/Winch MSCP/BSCP Accident Transportation Malaysia Towing Locksmith Repossess Load /Cargo Box	
Owner/Driver Signature:	Date:	
=	e do not leave any valuables in your car.*** Date: Time:	#: Cracked, X: Missing, O: Dented, S: Scratched Remark:
Key:	YES NO Location:	Parked Area: BY:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle Vehicle Owner Particulars Company Owner ID Type: 055D Owner ID: Vehicle Details SMJ1849E Vehicle No.: No Vehicle to be Exported: 02 Apr 2020 Intended Deregistration Date: OPEL Vehicle Make: INSIGNIA GRAND SPORT Vehicle Model: Primary Colour: 2019 Manufacturing Year: A3183138JSUX0141 Engine No.: W0VZM6EF2K1034214 Chassis No.: 100.0 kW (134 bhp) Maximum Power Output: Open Market Value: \$25,930.00 25 Feb 2019 Original Registration Date: 25 Feb 2019 First Registration Date: 0 Transfer Count: \$28,302.00 1469 Actual ARF Paid: **Intended PARF Rebate Details** PARF Eligibility: 24 Feb 2029 PARF Eligibility Expiry Date: PARF Rebate Amount: \$21,226.00 Intended COE Rebate Details 24 Feb 2029 COE Expiry Date: COE Category: B - Car above 1600cc or 97kW (130bhp) COE Period(Years): 10 QP Paid: \$32,200.00 COE Rebate Amount: \$28,654.00 **Total Rebate Amount:** \$49,880.00

The information contained herein is correct as at 02 Apr 2020

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Any \$10,350 /yr

26-Aug-2019

2019

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Any

8,000 km

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