

INS. CASE OWNER:

CC 4/AXA170

LKK:

IDAC:

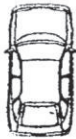
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 5GV1576A

Name of Insured :

Insured Tel No. : HP: 71/1/13

Excess Sec II :SS D.O.A : 71/1/13

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

If NO, Driver Name / Age :

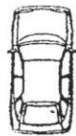
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SLK 2973D



INSRS:

WSP: Regasw

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLK 2973D-X; 5GV1576A-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)

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\$

Disbursement: S\$ (e.g. Tow/ Independent)

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

TP AXA

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: **SLK 2073D**

at Workshop no: **Pegasus**

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

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

	
N/S	O/S

Bal. or Market Value: _____
 IDAO Accident Report: _____ Consistent? : Yes or No
 GLA / FR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: 1.31 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS (WP)
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SLK 2973D Vr Page: 1 / 17
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or 'A'
 Make: mazda 3 DO: 1496
 Colour: blue A/C: Insured / Std / NI / NA
 Sp. Reading: 40289 T. Radio: Insured / Std / NI / NA
 Eng No: _____
 C No: JM6BN22ABH0136560
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In / order / Jammed / Leaked / Burnt or
 Brake: In / order / Jammed / Leaked / Burnt or
 Modl: NI / S/Rim / STD A/Rim or
 Tyre Size: F: 205/60 R16
R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 21/11/17 D.O.I. 28/11/17
 Survey held at: _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
2/11/17	Confirmed final by \$2477.60 with Mr Tan.

Date/Time File Pass to? ☐ : Prelim. Report
☐ : Final Report
 Date/Time File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Record Format:

Lump Sum / I.B. 10.5

Add Fee: ☐ Site Fee \$

(11) 1995 55

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	7200G
Vehicle Details	
Vehicle No.	SLK2973D
Vehicle to be Exported	Yes
Intended De-registration Date	22 Nov 2017
Vehicle Make	MAZDA
Vehicle Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour	Blue
Manufacturing Year	2016
Engine No.	P520422125
Chassis No.	JM6BN22A8H0136560
Maximum Power Output	88.0 kW (118 bhp)
Open Market Value	\$14,777.00
Original Registration Date	12 Jan 2017
First Registration Date	12 Jan 2017
Transfer Count	0
Actual ARF Paid	\$9,777.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	11 Jan 2027
PARF Rebate Amount	\$7,332.00
Intended COE Rebate Details	
COE Expiry Date	11 Jan 2027
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	\$48,000.00
COE Rebate Amount	\$38,400.00
Total Rebate Amount	\$45,732.00

The information contained herein is correct as at 22 Nov 2017

OK