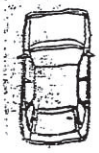
155/2010

INS. CASE OWNER: NATALIE | CC4 /III17022458 / Upaz | LKK:
IDAC:

ASSIGNMENT

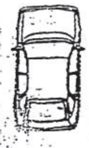
Surveyor: MARCUS DOI: 27/11/17 Date / Time: 24/11/17
Registered in Merimen: 24/11/17

Pre-assign / CCU / FTE

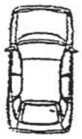


Insured Vehicle No. : SHC 3144M		Claim No. :	
Name of Insured : CTPL		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	HYUNDAI SONATA
Excess Sec II : S$	D.O.A : 24/11/17	Place of Accident :	CHANGI AIRPORT TERMINAL 2 DEPARTURE
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age : OH CHYE HUAT		OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO	
Driver Tel No. :	(V/L: (YES) / NO)	Insured Liability : %	Final ? Yes / No

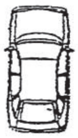
SKN 3266B → ________ → ________ → ________



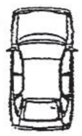
INSRS:
WSP: Ufix Auto
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SKN 3266B ;	**STAGE** / **DATE / PIC**
	SHC 3144M - CC3/AXA12019923/R1ef3c3 DOA: 11/10/12	Non-Reporting ltr (1st):
	- NS/INC12014867/H1flc3 DOA: 30/07/12	Non-Reporting ltr (2nd):
	- NS/INC12024573/H1zz1 DOA: 15/12/12	Non-Reporting ltr (Final):
28/11/17 (HT)		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$		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:	

Surveyor: mercus | REF: (11/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SKN 32663

at Workshop m/s V-fix 10am

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKN3266B Yr Regn: 5/14

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

Make: Toyota vellfire c.c 2362

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

Sp.Reading 14925 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ANH20 8326381

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:

R: 235/50R18

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. 24/11/17 D.O.I. 27/11/17

Survey held at

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

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

Date / Time	Action / Instruction
27/11/17	confirmed d/s $1700 with Ken.

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Invs ($)

: Weekend ($)

Survey Fee:

Transportation:

___S + RS.___SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: ($)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Business
Owner ID	7502W
Vehicle Details	
Vehicle No.	SKN3266B
Vehicle to be Exported	No
Intended De-registration Date	27 Nov 2017
Vehicle Make	TOYOTA
Vehicle Model	VELLFIRE 2.4Z G-EDITION CVT 2WD 5DR SR
Primary Colour	White
Manufacturing Year	2014
Engine No.	2AZG366886
Chassis No.	ANH208326381
Maximum Power Output	125.0 kW (167 bhp)
Open Market Value	$39,896.00
Original Registration Date	30 May 2014
First Registration Date	30 May 2014
Transfer Count	0
Actual ARF Paid	$47,855.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	29 May 2024
PARF Rebate Amount	$35,891.00
Intended COE Rebate Details	
COE Expiry Date	29 May 2024
COE Category	E - Open Category
COE Period(Years)	10
QP Paid	$79,000.00
COE Rebate Amount	$51,134.00
Total Rebate Amount	**$87,025.00**

The information contained herein is correct as at 27 Nov 2017

OK