15/5/2010

INS. CASE OWNER: | CC 4 / AIG170 23711 , K wa3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 13/12/17 Date / Time : 13/12/17

Registered in Merimen: 14/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SLJ 9014 G		Claim No. :	nx
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 08/12/2017	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**

SJC 7483 J → ______ → ______ → ______

INSRS: WSP: Cheng Hoe Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SJC 7483 J - CC6/AXA1300 2048/Wf3c3 ; DOA: 29/1/13
	- CS/PA1130199(5/ Wqm3dd ; DOA: 18/10/13
	SLJ 9014 G. 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$		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:	

ASS. REC. BY: Kenneth

REF: AG/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Cheng Hoe

of

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.

N/S	O/S

Bal. or Market Value: 8 10k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 2'18 Person Contacted: Vehicle: IN / OUT

Veh No: SJC 7483J Yr Regn: 02 08

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

Make: Hyundai Avante c.c 1591

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 150466 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHDU41BR7U426545

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: 205/55 16

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.	8/12/17	D.O.I.	13/12/17

Survey held at

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

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

Date / Time	Action / Instruction
14/12	ESI not ready
"	U/S 8 Noon emel

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:

Transportation:

__S + RS.__SI

Photos

Others

TOTAL

78/A76

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Singapore NRIC
Owner ID	8254A
Vehicle Details	
Vehicle No.	SJC7483J
Vehicle to be Exported	Yes
Intended De-registration Date	13 Dec 2017
Vehicle Make	HYUNDAI
Vehicle Model	HD AVANTE 1.6 A
Primary Colour	Black
Manufacturing Year	2008
Engine No.	G4FC8U373182
Chassis No.	KMHDU41BR7U426545
Maximum Power Output	89.7 kW (120 bhp)
Open Market Value	$13,545.00
Original Registration Date	28 Feb 2008
First Registration Date	28 Feb 2008
Transfer Count	2
Actual ARF Paid	$14,900.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	27 Feb 2018
PARF Rebate Amount	$7,450.00
Intended COE Rebate Details	
COE Expiry Date	27 Feb 2018
COE Category	E - Open Category
COE Period(Years)	10
QP Paid	$17,001.00
COE Rebate Amount	$300.00
Total Rebate Amount	**$7,750.00**

The information contained herein is correct as at 13 Dec 2017

OK