

INS. CASE OWNER:

CC 4 / AIG170 23927, KCW03

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

18/12/17

Date / Time:

18/12/17

Registered in Merimen:

18/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. :

64 4917P

Claim No. :

606786567256

Name of Insured :

Policy No. :

01005 2551-1000

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

15/12/17

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

SLD 8772



INSRS:

WSP:

Tel:

Liability:

RMKS:

cheng Hoe



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

SLD 8772, X;
644917P CC4/AXA (lost 89016evk), 005.270111

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:

SS

(

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:

SS

Loss of Rental (LOR):

SS

(

days)

Loss of Use (LOU):

SS

(\$

x

days)

Loss of Income (LOI):

SS

(\$

x

days)

LOR only LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

SS

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

Name 1:

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

ASS. REC. BY:

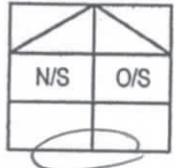
REF: A16

Kenneth

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.



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: 1.13-1 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S10 8171Z Yr Regn: 06, 16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda ^A Vezel c.c. 1498
 Colour: M-Black A/C: Insured / Std / NI / NA
 Sp. Reading: 17059 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: BU1 . 1113813
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD / A/Rim or _____
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. 8 mm R/Bal. 8 mm
 L/Bal. 8 mm L/Bal. 8 mm
 D.O.A. 15/02/17 D.O.I. 18/12/17
 Survey held at _____
 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
<u>19/12</u>	<u>File pass to Customer, not ready</u>

Date/Time, File Pass to? : Prell. Report
 : Final Report

1) _____
 Date/Time, File Return to?

Report Format : _____
 Lump Sum / I.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	_____

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Singapore NRIC
Owner ID	1463B

Vehicle Details

Vehicle No.	SLD8171Z
Vehicle to be Exported	Yes
Intended De-registration Date	15 Dec 2017
Vehicle Make	HONDA
Vehicle Model	VEZEL 1.5X CVT
Primary Colour	Black
Manufacturing Year	2016
Engine No.	L15B4033616
Chassis No.	RU11113613
Maximum Power Output	96.0 kW (128 bhp)
Open Market Value	\$20,272.00
Original Registration Date	29 Jun 2016
First Registration Date	29 Jun 2016
Transfer Count	0
Actual ARF Paid	\$10,381.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	28 Jun 2026
PARF Rebate Amount	\$7,785.00

Intended COE Rebate Details

COE Expiry Date	28 Jun 2026
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	\$47,020.00
COE Rebate Amount	\$37,616.00
Total Rebate Amount	\$45,401.00

The information contained herein is correct as at 15 Dec 2017