

INS. CASE OWNER:

Sim Theng.

CC 4, AXA 1800 5115, Sma3

LKK:

IDAC:

Surveyor:

YMK

DOI:

ASSIGNMENT

19/3/18

Date / Time:

16/3/18

Registered in Merimen:

16/3/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 5139R

Name of Insured:

TRANS-CAB SEM WGS P/L

Insured Tel No.:

HP:

Claim No.:

C0472504

Policy No.:

P1680520

Excess Sec II :S\$

D.O.A.:

16/3/2018

Make / Model:

Place of Accident:

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

SHC 4752B



INSRS:

WSP:

Tel:

Liability:

RMKS:

Cmp1, m2



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHC 4752B - 03/AXA 1800 3318 / P1616303 ; DOA: 18/3/18
 - 03/AXA 1800 1261 / P1616303 ; DOA: 18/3/18
 SHC 5139R - 03/FCI 1800 13436 / Kube2 ; m2: 8/3/2018

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\$

Legal Cost

S\$

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

REF: AXA

8/18/18

Summary

ASSIGNMENT

From: _____ Date: 19/3/18

Estimated Cost: _____

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

To Inspect Vehicle No: SHC 4752B

at Workshop m/s

of 60 Woodlands Ind. Prk E4

Insured: _____

Policy No. _____

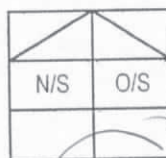
Claims No. _____

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS 'wp'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 4752B

Yr Regn: 1/4/16

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

Truck / Trailer or _____

Make: Toyota Prius

C.C. 1798

Colour: Maroon

A/C: Insured / Std / NI / NA

Sp. Reading: 214133

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKN3CU 505767755

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nip / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Falken

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 16/3/18

D.O.I. 19/3/18

Survey held at SMRT

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

TA x / 03/18 / 2081

Lkk.

AXA.

SHC 5139R

Date/Time. File Pass to?

☐

: Preli. Report

1)

Date/Time. File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Invs (\$☐ Weekend (\$

) \$ + RS \$

) Photos

) Others

TOTAL

Report Format :

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	5369K
Vehicle Details	
Vehicle No.:	SHC4752B
Vehicle to be Exported:	No
Intended De-registration Date:	20 Mar 2018
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR6588468
Chassis No.:	JTDKN36U505767755
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,508.00
Original Registration Date:	01 Apr 2016
First Registration Date:	01 Apr 2016
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Mar 2024
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	31 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,862.00
COE Rebate Amount:	\$27,782.00
Total Rebate Amount:	\$31,532.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 20 Mar 2018

OK