

Stacey | CC 4, AKA 1800 5815, Swa3

Surveyor:

YWK

DOI:

ASSIGNMENT

28/3/18

Date / Time :

28/3/18

Registered in Merimen:

23/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHC 5257H

Name of Insured :

Trend-Go Services p/L

Insured Tel No. :

HP:

Excess Sec II :SS

5,000.00

D.O.A :

23/3/18

Claim No. :

C0472663

Policy No. :

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

SHB5624L



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHB5624L - 02/11/13 16:26 / 11/13 10:10/13 SHC 5257H, x	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>	
PIR:	<input type="checkbox"/> <input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>	
LOD	<input type="checkbox"/> <input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>	
Others:	<input type="checkbox"/> <input type="checkbox"/>	

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$	() days Reduction: %
		Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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:
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

ASSIGNMENT

From: _____ Date: 28/3/18

Estimated Cost: _____

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

To Inspect Vehicle No: SHB 5624L

at Workshop m/s SMRT

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: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS ^{lup}

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB 5624L Yr Regn: 22/11/2012

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

Truck / Trailer or _____

Make: Chevrolet Epica 2.0 c.c. 1991

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

Sp. Reading 540076 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL1LA69R3BB137076

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R15

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. 23/3/18 D.O.I. 28/5/18.

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

Tax / 03/18 / 2115

LKK

AXA.

SHC525714

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: _____

) \$ + 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:	Company
Owner ID:	5369K
Vehicle Details	
Vehicle No.:	SHB5624L
Vehicle to be Exported:	No
Intended De-registration Date:	02 Apr 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Maroon
Manufacturing Year:	2012
Engine No.:	Z20S1464364K
Chassis No.:	KL1LA69RJBB137076
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$13,981.00
Original Registration Date:	22 Nov 2012
First Registration Date:	22 Nov 2012
Transfer Count:	0
Actual ARF Paid:	\$13,981.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Nov 2020
PARF Rebate Amount:	\$9,786.00
Intended COE Rebate Details	
COE Expiry Date:	21 Nov 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$54,853.00
COE Rebate Amount:	\$18,074.00
Total Rebate Amount:	\$27,860.00
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 02 Apr 2018

OK