

INS. CASE OWNER:

CL

CC 4/AXA1800 7544 / U pa3

LKK:

IDAC:

Surveyor:

Mppcus

DOI:

ASSIGNMENT

3/5/18

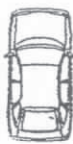
Date / Time :

12/04/18.

Registered in Merimen:

23/4/18 by Ang.

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHD 161 C

Claim No. :

CO473251

Name of Insured :

TRANS-CAR SERVICES P/L

Policy No. :

P1680520

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

5,000.00

D.O.A.:

24/3/18

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

PA7072B



INSRS:

WSP:

Tel :

Liability :

RMKS:

Stytech.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

PA7072B-X:

SHD 161C - 42/PA1130193601 Kpbu2; OOA: 23/04/18

7/5 Pending estimate.

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\$

(e.g. Tow/ Independent )

Legal Cost

S\$

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:

(08/11/18)

Surveyor

REF: ASM(CAXA)

## ASSIGNMENT

From: Date: 03052018

Estimated Cost:

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

To Inspect Vehicle No: PA 7072B

at Workshop m/s Stytech Auto

of Kaki Bukit

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: 48k.

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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: PA 7072B Yr Regn: 3 / 03

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

Truck / Trailer or

Make: SCANIA

C.C. 11705

Colour: S-blue

A/C: Insured / Std / NI / NA

Sp.Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6/6 mm

L/Bal. 6 mm

L/Bal. 6/6 mm

D.O.A. 24/3/18

D.O.I. 3/5/18

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

27A 290 78

4/15 work. rep 10h.

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ )

S + RS, SI

☐ : Interview (\$ )

Photos

☐ : Tech. Invs (\$ )

Others

☐ : Weekend (\$ )

TOTAL

Report Format :

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

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	2456D
<b>Vehicle Details</b>	
Vehicle No.:	PA7072B
Vehicle to be Exported:	No
Intended De-registration Date:	03 May 2018
Vehicle Make:	SCANIA
Vehicle Model:	K124IB4X2
Primary Colour:	Multi-Colour
Manufacturing Year:	2002
Engine No.:	6172496
Chassis No.:	YS2K4X20001843363
Maximum Power Output:	-
Open Market Value:	\$130,690.00
Original Registration Date:	06 Mar 2003
First Registration Date:	06 Mar 2003
Transfer Count:	1
Actual ARF Paid:	\$6,535.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	28 Feb 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$60,273.00
COE Rebate Amount:	\$29,078.00
<b>Total Rebate Amount:</b>	<b>\$29,078.00</b>

The information contained herein is correct as at 03 May 2018

OK





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Classic Credit StarAd




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1 vehicles

Scania

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	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage
<b>Search Selection</b>	Scania		Any	Any	> 10 year(s) old	Any	
	Scania	K94IB4X2 (COE till 12/2022)	\$65,000	\$13,930 /yr	17-Jan-2003	8,974 cc	
		<b>Fuel Type:</b> Diesel					
		Flexible In House Loan Available. For Viewing Of This Vehicle, Kindly Call To Make An Appointment. Installment \$1625 Per \$65k.					

Posted: 25-Apr-2018 Tags: 2003 Scania K94IB4X2, Scania K94IB4X2, Scania, K94IB4X2, Used Scania

Save this search criteria, to get email alerts whenever a match is found.

Make Model Price Depreciation Reg Date Eng Cap Mileage

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