

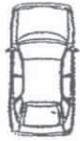
INS. CASE OWNER:

KC | CC 4 / ASM1800 7750, Kua3

LKK: 42128
IDAC:

Surveyor: Kenneth DOI: 30/4/18 Date / Time: 26/4/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SJV 1712M
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 9/4/18
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : S8MOOR8 *hx*
Policy No. : _____
Make / Model : _____
Place 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

SJP 5765R → → → → →



INSRS: _____
WSP: Alan's
Tel: United
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date/Time		STAGE	DATE / PIC
	<u>SJP 5765R - C16 / A161 2504676 / G5A3 ; PPA: 3/3/12</u>	Non-Reporting ltr (1st):	
	<u>SJV 1712M - X</u>	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: _____ 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\$ _____

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:

REF: AXA/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Alan's

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: 8686 Consistent?: Yes or No

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJP5765P Yr Regn: 03.09

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

Truck / Trailer or _____

Make: M. C180 Komp c.c. 1796

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

Sp. Reading: 171753 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDA 2040462A 243405

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 225/45 ER17
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 9/4/18

Survey held at _____

Rear

R/Bal. 3 mm

L/Bal. 3 mm

D.O.I. 30/4/18

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or N/S Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

2/5 File parts Catman

Date/Time, File Pass to?

: Prell. Report

: Final Report

1) Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trlp: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

____ \$ + RS. ____ \$

Photos _____

Others _____

TOTAL

Report Format :

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

Text size + -

0%	25%	50%	75%	100%
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Transfer Of Vehicle Ownership (Acknowledgement)**Vehicle Details**

Vehicle No.:	SJP5765R		
Vehicle Type:	P10 - Passenger Motor Car	Vehicle Scheme:	Normal
Vehicle Make:	MERCEDES BENZ	Vehicle Model:	C180K
Chassis No.:	WDD2040462A243405	Engine No.:	27195231167297
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1796 cc	Power Rating:	-
Unladen Weight:	1485 kg	Maximum Laden Weight:	1970 kg
Primary Colour:	Black	Secondary Colour:	-
IU Label No.:	1123599201	Maximum Power Output:	115.0 kW (154 bhp)
First Registration Date:	30 Mar 2009	Original Registration Date:	30 Mar 2009
Manufacturing Year:	2008	Open Market Value:	\$37,090.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$18,545.00
Temporary Start Date:	04 Sep 2017	Temporary End Date:	03 Dec 2017
No. of Transfer:	1	Actual ARF Paid:	\$37,090.00

Owner Particulars

Owner Name:	YEW HUP HUAT TRADING
Owner ID Type:	Business
Owner ID:	36268200C
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	1210
Registered Street Name:	UPPER THOMSON ROAD
Registered Unit No.:	-
Registered Building Name:	-
Registered Postal Code:	787126
COE No./Expiry Date:	2009030107000853E / 29 Mar 2019
COE Bid Category:	E - Open Category
QP Paid:	\$5,889.00

Transaction Details

Business Transaction Ref. No.:	20170904155617377204
Business Transaction Date:	04 Sep 2017
Business Transaction Time:	15:56:17

Message

Vehicle has been successfully transferred to YEW HUP HUAT TRADING (36268200C).

Please note that \$10.00 will be deducted from your GIRO account.