

INS. CASE OWNER:

1cc

CC 4 / Asm 1800

8849, U uas

LKK:

IDAC:

45327

Surveyor:

MARCUS

DOI:

ASSIGNMENT

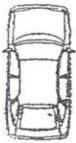
18/5/18

Date / Time :

14/5/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKH 97495

Claim No. : 88m00H x

Name of Insured :

Policy No. :

Insured Tel No. : HP: 18/5/18

Make / Model :

Excess Sec II :SS D.O.A :

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

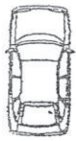
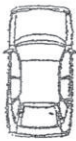
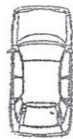
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SUP 4261K

INSRS:
WSP: Marcus
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SUP 4261K - X;

SKH 97495 - CC4 / LP4 7701238 / 18/5/18; RMKS: 18/5/18

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:

21/5

Sent By:

B

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:

(08/11/13) Wef
ASS. REC. BY: Moraw

REF:

AXA/
ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SLP 4261K
at Workshop m/s pejosus
of _____
Insured: SLP 197495
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

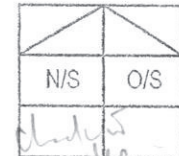
(Policy Condition)

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: 4 days Res.: Yes or No
Lum Sum: 131 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____



Veh No: SLP 4261K Yr Regn: 6, 17
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or CA
Make: Toyota v.i.o.s c.c. 1496
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading: 63512 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MHFR29F3002010092
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 195/50R16
R: _____

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

TOYO / YOKO or

Front L mm Rear L mm
R/Bal. L mm R/Bal. L mm
L/Bal. L mm L/Bal. L mm
D.O.A. 12/5/18 D.O.I. 15/5/18

Survey held at _____

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

OLS Rpt.
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

16/5/18 9/12 & 3/50.82 Summary

Date/Time, File Pass to?

☐

Prel. 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, \$

Photos

Others

TOTAL

Report Format :

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

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	7200G
Vehicle Details	
Vehicle No.:	SLP4261K
Vehicle to be Exported:	Yes
Intended De-registration Date:	14 May 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5E CVT
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	2NRX147095
Chassis No.:	MHFB29F3002010092
Maximum Power Output:	79.0 kW (105 bhp)
Open Market Value:	\$13,026.00
Original Registration Date:	05 Jun 2017
First Registration Date:	05 Jun 2017
Transfer Count:	0
Actual ARF Paid:	\$8,026.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Jun 2027
PARF Rebate Amount:	\$6,019.00
Intended COE Rebate Details	
COE Expiry Date:	04 Jun 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,600.00
COE Rebate Amount:	\$41,280.00
Total Rebate Amount:	\$47,299.00

The information contained herein is correct as at 14 May 2018

OK

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

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PARF Eligibility Expiry Date:	04 Jun 2027
PARF Rebate Amount:	\$6,019.00
Intended COE Rebate Details	
COE Expiry Date:	04 Jun 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,600.00
COE Rebate Amount:	\$46,719.00
Total Rebate Amount:	\$52,738.00

The information contained herein is correct as at 15 May 2018

OK