

INS. CASE OWNER

TE

CC4, AXA 1800 9098, Uma3

LKK:

IDAC:

Surveyor:

Marens

DOI:

ASSIGNMENT

18/5/18

Date / Time:

18/5/18

Registered in Merimen:

16/8/18

Pre-assign / CCU / FTE

SHD 9753K

C0473731



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

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.:

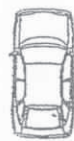
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

87Y3538X



INSRS:

WSP:

Tel:

Liability:

RMKS:

K.F.S.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

87Y3538X - CS3/DAT 1600106010gh3071; DOA:

17/1/16

SHD 9753K - C04/AXA 17019429/KP0382; DOA:

6/10/17

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:

m/s

Sent By:

h

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: Marcus

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SJY 358X

at Workshop m/s 6FS

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: 25k

IDAC Accident Rpt: _____ Consistent? : Yes or No

G/A / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

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

Veh No: SJY 353X Yr Regn: 8 110

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

Truck / Trailer or

Make: Honda Airwave c.c. 1496

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

Sp. Reading: 167090 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 6711302466

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: 205/55 R18

R: _____

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

TOYO / YOKO or

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 15/5/18 D.O.I. 18/5/18

Survey held at _____

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

015 body

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

Date / Time	Action / Instruction
	LTA 14889 - 23-8-2020 2yrs 3mths

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2)

Add Fee:

☐ : Site Insp (\$ _____)

Transportation:

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Report Format : _____

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

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\$2500 Downpayment Monthly
From \$580 Onwards. Lowest
3.68%P.A@GV Cars Financing
GV Credit Pte Ltd StarAd

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Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage
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Search Selection**Honda Airwave**

Any

Any

2010

Any

**Honda Airwave 1.5A M****\$25,988**

\$10,050 /yr

10-Feb-2010

1,496 cc

11

Beautiful Pearl White Unit With Low Mileage Of 14000km Done Annually With Previous Servicing Record Still Intact. 0 Re
Economical And Reliable Station Wagon Of Honda! Various Loan ...

Karz Automobile

Posted: 13-May-2018 Tags: 2010 Honda Airwave, Honda Airwave, Honda, Airwave, Used Honda

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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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4326J
Vehicle Details	
Vehicle No.:	SJY3538X
Vehicle to be Exported:	No
Intended De-registration Date:	18 May 2018
Vehicle Make:	HONDA
Vehicle Model:	AIRWAVE 1.5M A
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	L15A5202860
Chassis No.:	GJ11302466
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$13,878.00
Original Registration Date:	24 Aug 2010
First Registration Date:	24 Aug 2010
Transfer Count:	2
Actual ARF Paid:	\$13,878.00 693g
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Aug 2020
PARF Rebate Amount:	\$8,326.00
Intended COE Rebate Details	
COE Expiry Date:	23 Aug 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$29,000.00
COE Rebate Amount:	\$6,563.00
Total Rebate Amount:	\$14,889.00

The information contained herein is correct as at 18 May 2018

OK