

INS. CASE OWNER:

Stacy - CC 4 / Asm 1800 9719 / Ken

L.N.N.

IDAC:

47687

Surveyor:

Kumesh

DOI:

ASSIGNMENT

30/5/18

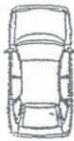
Date / Time:

24/5/18

Registered in Merimen:

Pre-assign / CCU / FTE

GBF 7900 B



Insured Vehicle No. :

Claim No. :

sgm00191

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

21/5/2018

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

SHD 455 E



INSRS:

WSP:

Tel :

Liability :

RMKS:

Trans. Cab



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHD 455 E - 6/7/1300065/1km ; 004 21/1/12
GBF 7900 B - X

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:

3/6

Sent By:

A

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:

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 _____

of _____

Insured: _____

Policy No. _____

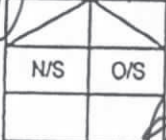
Claims No. _____

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: 02 days Res.: Yes or NoLum Sum: 1.21 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: S1AD 455E Yr Regn: 12, 17Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or

Make: Peugeot Laurel c.c. 1995Colour: M White / Red A/C: Insured / Std / NI / NASp. Reading 54407 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIC1ABC15AUC 283208Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 22/5/18

Survey held at

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 28/5/1830 ✓

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

4th Floor N/S 1st

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

Date / Time Action / Instruction

31/5 File sent to Customer
81725.99

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trlp: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, SI

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:	3878K
Vehicle Details	
Vehicle No.:	SHD455E
Vehicle to be Exported:	Yes
Intended De-registration Date:	23 May 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003063
Chassis No.:	VF1ABL15AUC283208
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	08 Dec 2017
First Registration Date:	08 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Dec 2025
PARF Rebate Amount:	\$14,998.00
Intended COE Rebate Details	
COE Expiry Date:	07 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$27,327.00
Total Rebate Amount:	\$42,325.00
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 23 May 2018

OK