15/5/2010

INS. CASE OWNER: KC | CC 4; ASM 180 10381, UFA3 | LKK: 50303 IDAC:

ASSIGNMENT

Surveyor: MAPERS DOI: 7/6/18. Date / Time : 6/6/2018

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SLV5710T Claim No. : S8M 00JMA

Name of Insured : ABDUL TALIB MUHAMMAD SHAFIQ BIN AZAM Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 2/6/18 Place of Accident : 201 Pungol Rd

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**

SKR 5902R → → →

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SKR5902R - X ; SLV5710T - X
	7/6 DNR. Sent out 1st letter.

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: 11/6		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$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S$			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:		

Surveyor

REF: ASM(AXA)

ASSIGNMENT

From: Date: 07062018

Estimated Cost:

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

To Inspect Vehicle No: SKR 5962R

at Workshop m/s Tan Lim

of 51 Defu Lane 10

Insured:

Policy No. SLVS-710T

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: 68K.

IDAC Accident Rport: Consistent? : Yes or No

GK / PR Seen: 2 Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS LTA 4955 29 Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKR 5962R Yr Regn: 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Hyundai Elantra c.c 1591

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

Sp.Reading 63397 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHDH41CMFU434216

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R:

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	2/6/18	D.O.I.	7/6/18

Survey held at

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

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

Date / Time	Action / Instruction
	Submit L/S @ 2200 2nd hr.

Date/Time. File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time. File Return to? 2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation ___S + RS, ___SI

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8767Z
Vehicle Details	
Vehicle No.:	SKR5962R
Vehicle to be Exported:	No
Intended De-registration Date:	07 Jun 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	G4FGEU173493
Chassis No.:	KMHDH41CMFU434211
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	$14,810.00
Original Registration Date:	25 Feb 2015
First Registration Date:	25 Feb 2015
Transfer Count:	0
Actual ARF Paid:	$14,810.00 7401
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Feb 2025
PARF Rebate Amount:	$11,107.00
Intended COE Rebate Details	
COE Expiry Date:	24 Feb 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$57,199.00
COE Rebate Amount:	$38,422.00
Total Rebate Amount:	**$49,529.00**

The information contained herein is correct as at 07 Jun 2018

OK