15/5/2010

INS. CASE OWNER: Stacey | CC 4 / AXA 180 10794 / K023 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 13-6-18 Date / Time : 13/6/2018

Registered in Merimen: 12/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 5549R Claim No. : C0473874

Name of Insured : TRANS-CAB SERVICES P/L Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ 5,000.00 D.O.A : 9-6-18 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**

SJK 7838C → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Jin Huat.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SJK 7838C - x
	SHC 5549R : CC3/A14 1700 4315/K4b392 ; DOA: 4/3/17

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: 14/6 Sent By: [signature]

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: AXA 107941 | Kean

ASSIGNMENT

From: Date: 13/06/18

Estimated Cost:

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

To Inspect Vehicle No: SJK 7838C

at Workshop m/s Jin Huat

of 176 Sin Ming Drive # 05-01

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: $12,500

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS 'up'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SJK 7838C Yr Regn: 11 / 08

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

Make: Toy Wish c.c 1794

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

Sp.Reading 256000 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDER12W503000870

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: 195/65R15

R: ——

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

Front			Rear		
R/Bal.	8	mm	R/Bal.	8	mm
L/Bal.	8	mm	L/Bal.	8	mm
D.O.A.	9/6/18		D.O.I.	13/6/18	

Survey held at ——

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

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

Date / Time	Action / Instruction
14/6	File pass to Catherine 11 Lfy. $1850 email

Date/Time. File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: [ ] : Site Insp ($) __S + RS.__SI

[ ] Interview ($) Photos

[ ] Tech. Invs ($) Others

[ ] Weekend ($)

Report Format :

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

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	3390F
Vehicle Details	
Vehicle No.:	SJK7838C
Vehicle to be Exported:	No
Intended De-registration Date:	14 Jun 2018
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 AUTO
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	1ZZ3148390
Chassis No.:	JTDER12W503000870
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	$18,803.00
Original Registration Date:	03 Nov 2008
First Registration Date:	03 Nov 2008
Transfer Count:	0
Actual ARF Paid:	$18,803.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Nov 2018
PARF Rebate Amount:	$9,401.00
Intended COE Rebate Details	
COE Expiry Date:	02 Nov 2018
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	$7,589.00
COE Rebate Amount:	$291.00
Total Rebate Amount:	**$9,692.00**

The information contained herein is correct as at 14 Jun 2018

OK