

INS. CASE OWNER:

kc

CC 4, ASM 180 10806, K pa3

LKK:  
IDAC:

51357

Surveyor:

Kenneth

DOI:

ASSIGNMENT

13-6-18

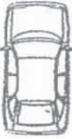
Date / Time :

12-06-18

Registered in Merimen:

Pre-assign / CCU / FTE

YM3331K



Insured Vehicle No. :

SATS BRP FOOD PLU

Claim No. :

SPMwo/cBU

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A:

8/6/2018

Place of Accident :

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO )

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

Insured Liability : % Final ? Yes / No

SGB3470M



INSRS:

WSP:

Tel :

Liability :

RMKS:

LYR



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SGB3470M 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:

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: AXA

10806 / 11/2018

ASSIGNMENT

From: \_\_\_\_\_ Date: 13/6/2018

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SGB 3470M

at Workshop m/s Lim Yew Boo

of Blk 10 Sin Ming Drive # 01-10

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

Veh No: SGB 3470M Regn: 12, 05

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

Make: NIS Sunny EX c.c. 1597

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

Sp. Reading: 90789 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JN1CFAN1680518252

Gen. Cond: (Good) Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

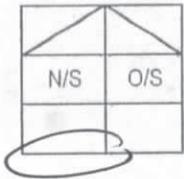
Modi: Nil / S/Rim / (STD) A/Rim or \_\_\_\_\_

Tyre Size: F: 185/65R15

R: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: W/1K

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

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

12/20

CA / REV / REP. / 24 HRS Wp

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

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

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

Survey held at ✓

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

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

Date / Time	Action / Instruction
<u>14/6</u>	<u>File pass to Customer, car not ready.</u>

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

1)  : Final Report

Date/Time. File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format : \_\_\_\_\_

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

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_) ) S + RS. SI

: Interview (\$ \_\_\_\_\_) ) Photos

: Tech. Invs (\$ \_\_\_\_\_) ) Others

: Weekend (\$ \_\_\_\_\_) )

TOTAL \_\_\_\_\_

> [Back to OneMotoring](#)

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8383D
Vehicle Details	
Vehicle No.:	SGB3470M
Vehicle to be Exported:	No
Intended De-registration Date:	14 Jun 2018
Vehicle Make:	NISSAN
Vehicle Model:	SUNNY 1.6EXA
Primary Colour:	Blue
Manufacturing Year:	2005
Engine No.:	QG16391434
Chassis No.:	JN1CFAN16Z0516252
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$11,988.00
Original Registration Date:	16 Dec 2005
First Registration Date:	16 Dec 2005
Transfer Count:	0
Actual ARF Paid:	\$13,187.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	15 Dec 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$28,416.00
COE Rebate Amount:	\$14,223.00
<b>Total Rebate Amount:</b>	<b>\$14,223.00</b>
Message	
Please note that the 5-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 14 Jun 2018

OK