15/5/2010

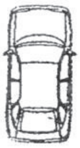
INS. CASE OWNER: Vale Oh | CC 4, Asm 180 12159, Kua 3 | LKK: IDAC: 55084

ASSIGNMENT

Surveyor: KSC DOI: 3-7-18 Date / Time: 3-7-18

Registered in Merimen: -

Pre-assign / CCU / FTE

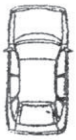


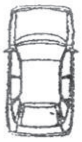
Insured Vehicle No. : WC 6758 U "VIRTUAL"		Claim No. :	S8M00MVF
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 2/7/2018	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

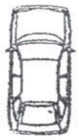
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

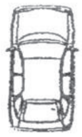
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SKB 9008 D ⟶ ______ ⟶ ______ ⟶ ______


INSRS:
WSP: Cheng Hoe
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:


INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKB9008D - CLK/MG 11016378/ K6201392 ; DOA 11/8/1[illegible]
	WC 6758U - X
3/7	OINR. // Do not finalise.
*	OI's policy & CI attached.

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:	

ASS. REC. BY: Kenneth

REF: AXA/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Chong Hoe

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

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

Veh No: SKB 9008D Yr Regn: 07, 16

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

Make: Toy Axio G c.c 1496

Colour: P. White A/C: Insured / Std / NI / NA

Sp.Reading 82682 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NRE 161 - 0012111

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: 195/60R15

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.	2/7/18	D.O.I.	3/7/18

Survey held at _____

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

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

Date / Time	Action / Instruction
4/7	File pass to Catherine, est not ready

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

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: _____ $ + 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:	4387D
Vehicle Details	
Vehicle No.:	SKB9008D
Vehicle to be Exported:	No
Intended De-registration Date:	03 Jul 2018
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA AXIO 1.5G CVT ABS D/AIRBAG 2WD
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	2NR8537546
Chassis No.:	NRE1610012111
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	$17,143.00
Original Registration Date:	01 Jul 2016
First Registration Date:	01 Jul 2016
Transfer Count:	0
Actual ARF Paid:	$7,143.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Jun 2026
PARF Rebate Amount:	$5,357.00
Intended COE Rebate Details	
COE Expiry Date:	30 Jun 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$55,200.00
COE Rebate Amount:	$44,114.00
Total Rebate Amount:	**$49,471.00**

The information contained herein is correct as at 03 Jul 2018

OK

Enquire Vehicle & Owner Information (Vehicle No. WC6758U As At 02 Jul 2018 / 10:05:00)

Law Firm Search Details

Search Reason:	Insurance claim in relation to traffic accident
Law Firm Case No.:	CHM-SKB9008

Current Owner Details

Owner ID Type:	Company
Owner ID:	201408475K
Owner Name:	MRM ENGINEERING PTE LTD
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	183
Registered Street Name:	JALAN PELIKAT
Registered Unit No.:	# 01 - 25
Registered Building Name:	THE PROMENADE@PELIKAT
Registered Postal Code:	537643

Current Vehicle Details

Vehicle No.:	WC6758U
Make Description/Model:	ISUZU / CYH52S
Insurance Company Name:	AXA INSURANCE PTE LTD