15/5/2010

INS. CASE OWNER: CL | CC4 / ASM 180 13251 / TI ea3 | LKK: 58766 IDAC:

ASSIGNMENT

Surveyor: MTA DOI: 7/9/18 Date / Time : 20/07/2018

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. :	GBA 4374D	Claim No. :	S8M00P96 WX
Name of Insured :	ZUELLIG PHARMA P/L	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 18/7/18	Place of Accident :	Loading Bay @ Paragon Shopping Centre
Is driver the owner?	(YES / NO) (NO circled)	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**

GBC 2058G ⟶ ________ ⟶ ________ ⟶ ________

INSRS: WSP: Sin Sheng Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	GBC 2058G - S/1111307025/eb xx ; DOA: 29/10/13
	- MA/Tm11/0011791/h4 ; DOA: 25/6/16
	GBA 4374D. X
20/7	OTMR. Sent out lt 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: 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:	

Taufik | REF: AXA

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.

N/S	O/S
X	

Bal. or Market Value: RPK

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. GBC2058G Yr Regn: 2011 Aug

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

Make: Mitsubishi FB70B c.c 2977

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

Sp.Reading 191178 T/Radio: Insured / Std / NI / NA

Eng/No: FB70BSA20391.

C/No:

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/R15

R: " (D)

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6/6	mm
L/Bal.	6	mm	L/Bal.	6/6	mm
D.O.A.			D.O.I.	7/9/18 @12pm	

Survey held at Sin Sheng

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

Date/Time File Pass to:

To

Date/Time File Return to:

To

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: ☐ : Site Insp @$

☐ Interpreter @$

☐ Tech Rpt @$

☐ 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:	Company
Owner ID:	1196N
Vehicle Details	
Vehicle No.:	GBC2058G
Vehicle to be Exported:	No
Intended De-registration Date:	31 Dec 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	FB70BB1SRDEA
Primary Colour:	White
Manufacturing Year:	2011
Engine No.:	4M42A87936
Chassis No.:	FB70BBA20391
Maximum Power Output:	-
Open Market Value:	$28,455.00
Original Registration Date:	18 Aug 2011
First Registration Date:	18 Aug 2011
Transfer Count:	0
Actual ARF Paid:	$1,423.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	17 Aug 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$34,502.00
COE Rebate Amount:	$9,070.00
Total Rebate Amount:	**$9,070.00**

The information contained herein is correct as at 20 Jul 2018

OK