15/5/2010

INS. CASE OWNER: TE | CC 4, ASM 180 14377, K pa3 | LKK: IDAC: 62002

ASSIGNMENT

Surveyor: KSL DOI: 7/8/18 Date / Time : 6/8/2018

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : SKL5258Y		Claim No. :	S8M00R0Y GT
Name of Insured : BOBBY EFFENDI		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 3/8/18	Place of Accident :	Devonshire Rd > Orchard Circle Tower
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**

SJN8996G ⟶ ⟶ ⟶

INSRS: WSP: Lim Tan Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SJN8996G - CU6 [AXA170069524 / Lchb392 ; DOA: 3/8/18
	SKL5258Y, X
7/8	OINR. 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:	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:	

REF: ASM(AXA)

ASSIGNMENT

From: Date: 07082018

Estimated Cost:

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

To Inspect Vehicle No: SJN 8996G

at Workshop m/s Lim Tan

of Blk 176 Sin Ming Drive #03-05

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

after 10.30am

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: @ 20k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4-5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJN 8996G Yr Regn: 03 09

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

Make: Honda Civic (A) c.c 1998

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

Sp.Reading 221150 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMFD26409S200871

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	31818	D.O.I.	71818

Survey held at ✓

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

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

Date / Time	Action / Instruction
8/8	File pass to Nivita

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Report Format :

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

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Business
Owner ID:	4900E

Vehicle Details

Vehicle No.:	SJN8996G
Vehicle to be Exported:	No
Intended De-registration Date:	04 Aug 2018
Vehicle Make:	HONDA
Vehicle Model:	CIVIC 2.0L 5AT
Primary Colour:	Grey
Manufacturing Year:	2008
Engine No.:	K20Z24500869
Chassis No.:	JHMFD26409S200871
Maximum Power Output:	114.0 kW (152 bhp)
Open Market Value:	$31,094.00
Original Registration Date:	03 Mar 2009
First Registration Date:	03 Mar 2009
Transfer Count:	1
Actual ARF Paid:	$31,094.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Mar 2019
PARF Rebate Amount:	$15,547.00

Intended COE Rebate Details

COE Expiry Date:	02 Mar 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	$4,889.00
COE Rebate Amount:	$281.00
Total Rebate Amount:	**$15,828.00**

The information contained herein is correct as at 04 Aug 2018

OK