

JATAN | CC4, ASM 180 14392, Kua3

61866

Surveyor:

KSC

DOI:

ASSIGNMENT

7/8/18

Date / Time:

6/8/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SPR 36872

"NATIVE"

Claim No.:

S8MOOR2

612

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

3/8/2018

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

SUT18464



INSRS:

WSP:

Tel:

Liability:

RMKS:

Pomdian  
Seon

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SUT18464. X; SPR 36872. 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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

SLT 1846Y

at Workshop m/s

Poon Siang Sean

of

160 Sin Ming Drive #05-13

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

'Virtual'

(Policy Condition)

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

Bal. or Market Value:

826k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLT 1846Y Yr Regn: 07 10

Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Volvo <sup>(A)</sup> Golf 1390

Colour:

Red

A/C: Insured / Std / NI / NA

Sp Reading

94847

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVWZ881K7AW 402238

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: 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

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

3/8/18

D.O.I.

7/8/18

Survey held at

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

Rear O/S &amp; U/C

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

Date / Time

Action / Instruction

8/8 File pass to Nivite

Date/Time. File Pass to?

☐

Preli. Report

☐

Final Report

1)

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) \$ + RS \$

) Photos

) Others

Report Format :

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

TOTAL

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	4976H
Vehicle Details	
Vehicle No.:	SLT1846Y
Vehicle to be Exported:	Yes
Intended De-registration Date:	09 Aug 2018
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	NEW GOLF 1.4 AT 5K13G5
Primary Colour:	Red
Manufacturing Year:	2010
Engine No.:	CAX543168
Chassis No.:	WVWZZZ1KZAW402238
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$21,884.00
Original Registration Date:	19 Jul 2010
First Registration Date:	19 Jul 2010
Transfer Count:	1
Actual ARF Paid:	\$21,884.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Jul 2020
PARF Rebate Amount:	\$12,036.00
Intended COE Rebate Details	
COE Expiry Date:	18 Jul 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$31,510.00
COE Rebate Amount:	\$6,115.00
Total Rebate Amount:	\$18,151.00

The information contained herein is correct as at 06 Aug 2018

OK