

INS. CASE OWNER:

Stacy CC4, Asm 180 14395, Phaz

LKK: 61905 IDAC:

Surveyor:

KSC

DOI:

ASSIGNMENT

7/8/2018

Date / Time:

6/8/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 57215 CD

Claim No. : 58m 00R40

Name of Insured : Alvera Kajengo

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : 26/7/2018

Place of Accident : Koffies Boulevard

Is driver the owner? (YES / NO) Nature of Accident :

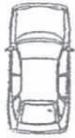
If NO, Driver Name / Age :

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

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHD 660D



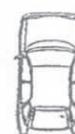
INSRS: WSP: Tel: Liability: RMKS: Trans. Cab



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Date/ Time	STAGE	DATE / PIC
SHD 660D - cc3/kk090121x/ugl : 00A: 30/5/09	Non-Reporting ltr (1st):	
57215 CD - x	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: Sent By:	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: S\$ (days) Reduction: % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$		
Medical: S\$		
Disbursement: S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle	
Legal Cost S\$	2) Report Format:	
Total: S\$ Global Sum S\$:	3) Survey fee:	
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
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: **07/08/2018**

Estimated Cost: _____

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

To Inspect Vehicle No: **SHD 660D**

at Workshop m/s: **Trans - Cab**

of: **No. 2 AMK St 63**

Insured: _____

Policy No.: _____

Claims No.: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Veh No: **SHD 660D** Yr Regn: **12 / 13**

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

Truck / Trailer or _____

Make: **Renault Latitude** c.c. **1995**

Colour: **M. white / Red** A/C: Insured / Std / NI / NA

Sp. Reading: **184414** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **VFIABL15AUC 276143**

Gen. Cond: Good / Fair / Poor / Burnt

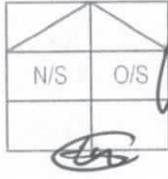
Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: **215/60R16**

R: _____



(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: **03** days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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

Front	Rear
R/Bal. 6 mm	R/Bal. 9 mm
L/Bal. 6 mm	L/Bal. 9 mm
D.O.A. 26/7/18	D.O.I. 7/8/18

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 Nivite
	6/1 Sep @ 3/00

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: _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Survey Fee: _____

Transportation: _____

) S + RS \$ _____

) Photos _____

) Others _____

TOTAL _____

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHD9738E
Vehicle to be Exported:	Yes
Intended De-registration Date:	01 Aug 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	M9R8839C000758
Chassis No.:	VF1ABL15AUC276143
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	04 Dec 2013
First Registration Date:	04 Dec 2013
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Dec 2021
PARF Rebate Amount:	\$9,373.00
Intended COE Rebate Details	
COE Expiry Date:	03 Dec 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$62,740.00
COE Rebate Amount:	\$26,183.00
Total Rebate Amount:	\$35,556.00
Message	
Please note that the 8-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 01 Aug 2018

OK