

INS. CASE OWNER:

TE

CC 4, Asm 180 14712, Upa3

LKK:

IDAC:

63039

Surveyor:

Mappus

DOI:

14/8/18

Date / Time:

13/8/18

Registered in Merimen:

Pre-assign / CCU / FTE

YN7634E



Insured Vehicle No. :

Name of Insured :

JIA WEN TRAVEL

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A : 11/8/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

sms why

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

SMC 6516U



INSRS:

WSP:

Tel :

Liability :

RMKS:

Focus Auto.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SMC 6516U - X ; YN7634E - X

14/8/18 bank sent out by 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\$

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:

(08/11/13) wef

ASS REC. BY: Marcus

REF:

AXA

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMC 65160at Workshop m/s focus

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.Bal. or Market Value: 70k.

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

Lum Sum: 131 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMC 65160 Regn: 7 18Type: CA / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CA /Make: Hyundai Elantra 1591Colour: Beige A/C: Insured / Std / NI / NASp. Reading: 1707 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH D841CMJU 685787

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim orTyre Size: F: 195/65R15
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or rexen

Front

Rear

R/Bal. 2 mmR/Bal. 2 mmL/Bal. 2 mmL/Bal. 2 mmD.O.A. 11/8/18D.O.I. 14/8/18

Survey held at _____

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

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

Date / Time Action / Instruction

27A 33669

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format: _____

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4737B
Vehicle Details	
Vehicle No.:	SMC6516U
Vehicle to be Exported:	No
Intended De-registration Date:	11 Aug 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT (AMS)
Primary Colour:	Beige
Manufacturing Year:	2018
Engine No.:	G4FGJU185748
Chassis No.:	KMHD841CMJU685787
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$11,819.00
Original Registration Date:	14 Jul 2018
First Registration Date:	14 Jul 2018
Transfer Count:	0
Actual ARF Paid:	\$11,819.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Jul 2028
PARF Rebate Amount:	\$8,864.00
Intended COE Rebate Details	
COE Expiry Date:	13 Jul 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$25,000.00
COE Rebate Amount:	\$24,805.00
Total Rebate Amount:	\$33,669.00

The information contained herein is correct as at 11 Aug 2018

OK