

INS. CASE OWNER:

JWS (an) CC 4 / Asm 180 14724, Kuas

LKK:

IDAC:

62997

Surveyor:

Kenneth

DOI:

ASSIGNMENT

14/8/18

Date / Time:

13/8/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGM7733X

Name of Insured:

Lim Fung Lam

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

9/8/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

SGM00PRX

Policy No.:

Make / Model:

BMW X1

Place of Accident:

EXIT HIGHWAY TO PARK BUS
DR 3

If NO, Driver Name / Age:

240 min

Driver Tel No.:

97620775

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SLB 47020



INSRS:

WSP:

Tel:

Liability:

RMKS:

Alam:

marked.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SLB 47020 - X; SGM7733X - 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\$

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:

Surveyor

REF: ASM(AXA)

ASSIGNMENT

From: _____ Date: **14082018**

Estimated Cost: _____

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

To Inspect Vehicle No: **SLB 4702D**

at Workshop m/s **Alan's United**

of **Blk 7 Sim Ming Ind Est**

Insured: _____

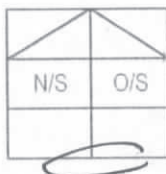
Policy No. _____

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: **589k**

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

Lum Sum: **1-B.1%** 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SLB 4702D** Yr Regn: **04 18**

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

Truck / Trailer or _____

Make: **Honda** ^{A)} **Vezel** C.C. **1896**

Colour: **M.P. White** A/C: Insured / Std / NI / NA

Sp. Reading: **61027** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **RUI** **1113548**

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: **215/60R16**

R: _____

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

TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	5 mm
L/Bal.	6 mm	L/Bal.	5 mm
D.O.A.	1/18	D.O.I.	14/8/18

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
15/8	File pass to Corrine

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1)

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. SI

) Photos

) Others

Report Format :

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

TOTAL

Owner Particulars

NRIC/Passport/Company Cert No.: S7040135E
Owner ID Type: Singapore NRIC
Owner Name: LIM CHUAN LIOG
Registered Address: APT BLK 55 MARINE TERRACE #12-19 SINGAPORE 440055
Mailing Address: -
Birth Date: 19 Nov 1970

Vehicle Particulars

Vehicle No.: SLB4702D
Previous Vehicle No.: -
Effective Date of Ownership: 08 Apr 2016
Original Regn Date: 08 Apr 2016
Registration Date: 08 Apr 2016
Year of Manufacture: 2016
Vehicle Type: Passenger Station Wagon/Jeep/Land Rover
Vehicle Scheme: -
Vehicle Attachment 1: No Attachment
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: HONDA
Vehicle Model: VEZEL 1.5X CVT ABS D/AIRBAG 2WD
Primary Colour: White
Secondary Colour: -
Passenger Capacity: 4
Chassis No.: RU11113548
Engine No.: L15B4033554
Engine Capacity / Power Rating: 1496 cc / -
Maximum Power Output: 96.0 kW (128 bhp)
Propellant: Petrol
Max Unladen Weight: 1190 kg
Maximum Laden Weight: 1465 kg
Open Market Value: \$20,174.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 07 Apr 2026
Minimum PARF Benefit: \$5,122.00
No. of Transfers: 0
IU Label No.: 1126450822
COE No.: 2016050101000746K
COE Expiry Date: 07 Apr 2026
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Registration Category: A - Car up to 1600cc & 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium: \$46,009.00 / -
Actual QP Paid: \$46,009.00
QP (Regn Cat): \$46,009.00
OPC Cash Rebate Eligibility: No
QP during COE Bidding Exercise: \$46,009.00
Additional Registration Fee Rate: First \$20,000.00 (100%), next \$174.00 (140%)
Actual ARF Paid: \$10,244.00
Vehicle Lifespan Expiry Date: No Lifespan
CO2 Emission: 117.00 (g/km)
CEV/VES Rebate Utilised Amount: \$10,000.00
CO Emission: -
HC Emission: -
NOx Emission: -
PM Emission: -
Message: To renew the COE, the Prevailing Quota Premium payable is that of Category A.

Print

OK

Save as PDF