

INS. CASE OWNER:

RA

CC 4 / AXA 180 15510 / Kja3

LKK:

IDAC:

Surveyor:

PSC

DOI:

ASSIGNMENT

7/10/18

Date / Time:

7/10/2018

Registered in Merimen:

4/10/18 by AXA

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 5098A

Claim No.:

C0474270

Name of Insured:

THOMAS-CAB SRS PLC

Policy No.:

P1080520

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

5,000.00

D.O.A.:

8/10/2018

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

SJ78664H



INSRS:

WSP:

Tel:

Liability:

RMKS:

787



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SJ78664H - X;

SHC5098A - 03/10/2018 22:24 / km : 10/11/2018

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:

2/10

Sent By:

b

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

ASS. REC. BY:

REF: ADAKenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

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: \$55k

IDAC Accident Rpt: _____

Consistent?: Yes or No

GIA / PR Seen: _____

Consistent?: Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

4123

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: ST 866414Yr Regn: 04, 08Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Kenworthc.c. 2362Colour: Black

A/C: Insured / Std / NI / NA

Sp. Reading: 119083

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ACU 309851701Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD / Rlm orTyre Size: F: 225/65R17

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 4 mmR/Bal. 3 mmL/Bal. 4 mmL/Bal. 3 mmD.O.A. 8/8/18D.O.I. 27/8/18Survey 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

28/8File pass to Carhene

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech Invs (\$ _____)

☐

: Weekend (\$ _____)

 > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5558A
Vehicle Details	
Vehicle No.:	SJT8664H
Vehicle to be Exported:	No
Intended De-registration Date:	28 Aug 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HARRIER 2.4 A
Primary Colour:	Black
Manufacturing Year:	2007
Engine No.:	2AZB291648
Chassis No.:	ACU309851701
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$23,306.00
Original Registration Date:	14 Apr 2008
First Registration Date:	14 Apr 2008
Transfer Count:	2
Actual ARF Paid:	\$23,306.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	13 Apr 2023
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$20,441.00
COE Rebate Amount:	\$18,918.00
Total Rebate Amount:	\$18,918.00
Message	
Please note that the 5-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 28 Aug 2018

OK