

Surveyor:

R1pa3

DOI:

ASSIGNMENT

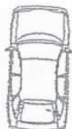
19-10-18

Date / Time:

19-10-18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Eu9292A

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :\$

D.O.A:

12/10/18

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

Eu9292A

SKA5764K

SJ6921L

SLN8049S

SJV891K



INSRS:

WSP:

Tel:

Liability:

RMKS:

01



INSRS:

WSP:

Tel:

Liability:

RMKS:

mwa

TP



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SKA5764K - mwa / 18018590 / X : D.O.A: 12/10/18
Eu9292A - 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:

Repair Cost:

S\$

(days) Reduction:

%

Confirm by:

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

S\$

(Agreed / Assessed) BOLA S/N No.:

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\$

Legal Cost

S\$

(e.g. Tow/ Independent)

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

Email

Call

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

(08/11/13)

Surveyor: *Tom*

REF:

4/16/1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *SKA 5764K*at Workshop m/s *MOVA*of *15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100*Insured: *AXA/UP*

Policy No. _____

Claims No. _____

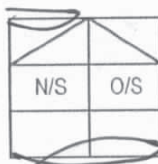
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: *28K*

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: *SKA 5764K* Yr Regn: *2011 / MVR*

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

Truck / Trailer or

Make: *CITROEN DS 3 1.6 VTR* c.c. *1598*Colour: *Blue* A/C: Insured / Std / NI / NASp. Reading: *065426* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *VF7SA5F59A W586210*

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: *205/45R17*R: *2 -*

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

TOYO / YOKO or

Front

Rear

R/Bal. *6* mm R/Bal. *6* mmL/Bal. *6* mm L/Bal. *6* mmD.O.A. *12/10/18* D.O.I. *19/10/18*Survey held at *MOVA (CPY)*

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

FRONT N/S & REAR

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

Date / Time Action / Instruction

refer to email. Repair limit 7K

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Report Format :

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

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

Photos

Others

TOTAL

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
Owner ID: 4116H

Vehicle Details

Vehicle No.: SKA5764K
Vehicle to be Exported: Yes
Intended Deregistration Date: 17 Oct 2018
Vehicle Make: CITROEN
Vehicle Model: DS3 1.6 VTI AT ABS D/AIRBAG 2WD 3DR
Primary Colour: Blue
Secondary Colour: White
Manufacturing Year: 2010
Engine No.: 10FHCK0996449
Chassis No.: VF7SA5FS9AW586210
Maximum Power Output: 88.0 kW (118 bhp)
Open Market Value: \$18,637.00
Original Registration Date: 15 Mar 2011
First Registration Date: 15 Mar 2011
Transfer Count: 0
Actual ARF Paid: \$18,637.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 14 Mar 2021
PARF Rebate Amount: \$11,182.00

Intended COE Rebate Details

COE Expiry Date: 14 Mar 2021
COE Category: A - Car (1600cc & below)
COE Period(Years): 10
QP Paid: \$39,000.00
COE Rebate Amount: \$9,374.00
Total Rebate Amount: \$20,556.00

The information contained herein is correct as at 17 Oct 2018

OK

28,000
20,556
7,444