15/5/2010

INS. CASE OWNER: CL | CC 4, ASM 180 19873, R1 ja3 | LKK: IDAC: 78843

ASSIGNMENT

Surveyor: RASUL DOI: 01-11-18 Date / Time : 31/10/18

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : YN 5378 H

Name of Insured : Abrahson. Int. Process Eg. Corp P/L

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A: 30.10.18

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

Claim No. : S8 M 011 AX

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

GBB 3190 E →

INSRS:
WSP: Sin Shers.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBB 3190E. x. YN 5378 H. x
31/10	OINR. Sent out 1st 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$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	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:	

Surveyor: Rasne

REF: ASM (AXA)

1196N-

LOE APPR : 2018/DEC

ASSIGNMENT

From: Date: 01.11.2018

Estimated Cost:

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

To Inspect Vehicle No: GBB 3190E

at Workshop m/s Sin Sheng

of 3 Tech Park Crescent Tuas Tech Park

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition) Murning

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

N/S	O/S

Bal. or Market Value: 1.5K

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBB 3190E Yr Regn: 2009 Dec

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Pick-up

Make: MITSUBISHI L200 D.C 2.5 c.c 2477

Colour: WHITE A/C: Insured / Std / NI / NA

Sp.Reading: 228736 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MMBJNKB40701 74122

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: 205R16C

R: - -

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 30/10/18 D.O.I. 01/11/18

Survey held at Sin Sheng

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

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

Date / Time	Action / Instruction
	email to w/shop to inform repair limit is 1k only

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 ($) __S+RS__SI

: Interview ($) Photos

: Tech. Invs ($) Others

: Weekend ($)

Survey Fee:

Transportation

TOTAL

Report Format :

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1196N
Vehicle Details	
Vehicle No.:	GBB3190E
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Dec 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	L200 DOUBLE CAB 2.5L TURBO 5M/T DIESEL
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	4D56UCBJ0371
Chassis No.:	MMBJNKB407D174122
Maximum Power Output:	-
Open Market Value:	$23,003.00
Original Registration Date:	10 Dec 2008
First Registration Date:	10 Dec 2008
Transfer Count:	0
Actual ARF Paid:	$23,003.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	09 Dec 2018
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$5,212.00
COE Rebate Amount:	$0.00
Total Rebate Amount:	**$0.00**

The information contained herein is correct as at 31 Oct 2018

OK

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1196N

Vehicle Details	
Vehicle No.:	GBB3190E
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Nov 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	L200 DOUBLE CAB 2.5L TURBO 5M/T DIESEL
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	4D56UCBJ0371
Chassis No.:	MMBJNKB407D174122
Maximum Power Output:	-
Open Market Value:	$23,003.00
Original Registration Date:	10 Dec 2008
First Registration Date:	10 Dec 2008
Transfer Count:	0
Actual ARF Paid:	$23,003.00

Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details	
COE Expiry Date:	09 Dec 2018
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$5,212.00
COE Rebate Amount:	$53.00
Total Rebate Amount:	**$53.00**

The information contained herein is correct as at 02 Nov 2018

OK

1500
53
1,553