

INS. CASE OWNER:

RA

cc4, Asm₁₈₀ 206S, Plea3

LKK:

IDAC:

83034

Surveyor:

Pagan

DOI:

ASSIGNMENT

21-11-18

Date / Time :

20/11/2018

Registered in Merimen:

Pre-assign / CCU / FTE

SJJ 9674 A



Insured Vehicle No. :

Claim No. : 58m013L7

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A: 16/11/2018

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

scy 6888 Z



INSRS:

WSP:

Tel :

Liability :

RMKS:

Accord
Amto

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC	
scy 6888 Z - X; SJJ 9674 A. X	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:	

Surryville *P. P. P.*

REF: ASM(AXA)

4363H

we 12/24/2012/Jan

ASSIGNMENT

From: _____ Date: 21-11-2018
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SCY 6888Z
at Workshop m/s Accord Auto
of Bk 1009 Bukit Marah Lane 3 #01-80
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: 40k
IDAC Accident Report: 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: SCY 6888Z Yr Regn: 2012 / Jan
Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Volkswagen Golf 1.4A c.c 1390
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading: 74017 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WVVWZZZ1KZCW156056
Gen. Cond: Good / Fair / Poor / Burnt
Steering: ☒ In order / Jammed / Leaked / Burnt or
Brake: ☒ In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 205/55ZR16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 16/11/18 D.O.I. 21/11/18
Survey held at Accord Auto
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
	recheck: 32219
	Result already confirmed with Accord Auto repair limit \$7K

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

1)

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

) S + RS, SI

) Photos

) Others

Report Format :

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

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4363H
Vehicle Details	
Vehicle No.:	SCY6888Z
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Nov 2018
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	NEW GOLF 1.4 AT 5K13G5
Primary Colour:	Silver
Manufacturing Year:	2011
Engine No.:	CAX897068
Chassis No.:	WVWZZZ1KZCW156056
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$22,520.00
Original Registration Date:	13 Jan 2012
First Registration Date:	13 Jan 2012
Transfer Count:	0
Actual ARF Paid:	\$22,520.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Jan 2022
PARF Rebate Amount:	\$14,638.00
Intended COE Rebate Details	
COE Expiry Date:	12 Jan 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$55,997.00
COE Rebate Amount:	\$17,566.00
Total Rebate Amount:	\$32,204.00

The information contained herein is correct as at 23 Nov 2018

OK