

INS. CASE OWNER:

CL

CC 4, Asm 1900 3429, G fa3

LKK: 100532
IDAC:

Surveyor:

KLQ

DOI:

ASSIGNMENT

26/2/19

Date / Time:

25/02/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBE 5043T

Claim No. :

RAMOIEEE

Name of Insured :

MIN ATEE AUTO P/L

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

18/02/19

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLK 5080K



INSRS:

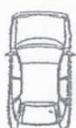
WSP:

Tel :

Liability :

RMKS:

Kah motor
UBI



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SLK 5080K - X ; GBE 5043T - 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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

ATTACH

Hand

REF: ASM(AXA)

ASSIGNMENT

From

Date: 26/2/19

Veh No

5K 5080K

Yr Regn

18 Jan 2017

Estimated Cost

Type M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

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

To inspect Vehicle No.

81K 5080L

Make

Honda HRV

C.C 1496

at Workshop m/s

Kah motor

Colour

Black

A/C Insured / Std / NI / NA

of

Sp. Reading

36764

T/Radio: Insured / Std / NI / NA

Insured

Eng/No:

C/No:

JHMR 41810GX201693

Policy No

Gen. Cond: Good / Fair / Poor / Burnt

Claims No

Steering: In order / Jammed / Leaked / Burnt or

Sum Insured

Excess:

Brake: In order / Jammed / Leaked / Burnt or

(Client's Record)

Mod: Nil / S/Rim / STD / All or

Make of Veh:

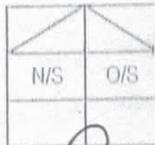
Tyre Size:

F: 215/60R16

R: N

(Policy Condition)

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



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

Bal. or Market Value:

\$73K.

Front

Rear

IDAG Accident Rpt:

Consistent? : Yes or No

R/Bal.

6 mm

R/Bal.

6 mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6 mm

L/Bal.

6 mm

Est. Repairs:

6 days Res.: Yes or No

D.O.A.

D.O.I.

26-02-19

Lump Sum:

% 3 Val.: Yes or No

Survey held at

w/s

3:30pm

CA / REV / REP. / 24 HRS ^{1up}

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

: Preli. Report

Days Of Repair:

1)

: Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

2)

Add Fee:

Site Insp (\$

) S + RS SI

Interview (\$

) Photos

Tech Invs (\$

) Other

Week-end (\$

)

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:	4320J
Vehicle Details	
Vehicle No.:	SLK5080K
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Feb 2019
Vehicle Make:	HONDA
Vehicle Model:	HRV 1.5 DX CVT
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	L15B4531693
Chassis No.:	JHMRU1810GX201693
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$20,623.00
Original Registration Date:	18 Jan 2017
First Registration Date:	18 Jan 2017
Transfer Count:	0
Actual ARF Paid:	\$15,873.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Jan 2027
PARF Rebate Amount:	\$11,904.00
Intended COE Rebate Details	
COE Expiry Date:	17 Jan 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,751.00
COE Rebate Amount:	\$39,265.00
Total Rebate Amount:	\$51,169.00

The information contained herein is correct as at 26 Feb 2019

OK