

INS. CASE OWNER:

CC 4, ASM 1900 SLK1 / K1 pas

IDAC:

105417

Surveyor:

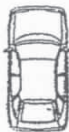
DOI:

ASSIGNMENT

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJZ 6080Z

Claim No. : 59m01400

Name of Insured :

Policy No. :

Insured Tel No. : HP: 13/3/19

Make / Model :

Excess Sec II : S\$ D.O.A : 13/3/19

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

SJZ 6080Z

SHA 41140

SKW 117XR

SJP 6819M



INSRS:

WSP:

Tel :

Liability :

RMKS:

57



INSRS:

WSP:

Tel :

Liability :

RMKS:

WSP: 10/5/10/10/10

Tel :

Liability :

RMKS:

TP



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHA 41140 - CC3/LOR, 8003302/KW6392; 008: 26/2/18	Non-Reporting ltr (1st):	
CC4/LOR 18011761/DJA247; 008: 28/6/18	Non-Reporting ltr (2nd):	
MS/MC18018303/K1rbn2; 008: 9/10/18	Non-Reporting ltr (Final):	
SJZ 6080Z - X	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:	

Surveyor: K/M/n

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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.

N/S	O/S

Est. or Market Value: _____

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

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: _____

SHA 4114D

Yr Regn: _____

31 May, 2011

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

Truck / Trailer or

Make: _____

Hunter Santa

c.c

199

Colour: _____

Blue

A/C: _____

Insured / Std / Nil / NA

Sp. Reading: _____

T/Radio: _____

Insured / Std / Nil / NA

Eng/No: _____

C/No: _____

KM H6T41RM BAP11422

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 / Rim or

Tyre Size: _____

F: _____

215/60 R16

R: _____

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

TOYO / YOKO or

Westla

Front

Rear

R/Bal. _____

7

mm

R/Bal. _____

7

mm

L/Bal. _____

7

mm

L/Bal. _____

7

mm

D.O.A. _____

13/3/19

D.O.I. _____

21/3/19

Survey held at

C D G E (Layang)

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Roof/Top or

Front / Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Can't Start
	unaccounted to Rpr
	to scup

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Test and

Survey Fee: _____

Transportation: _____

S + RS \$

Photos

Other

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

Owner ID Type:

Company

Owner ID:

3821R

Vehicle Details

Vehicle No.:

SHA4114D

Vehicle to be Exported:

Yes

Intended Deregistration Date:

21 Mar 2019

Vehicle Make:

HYUNDAI

Vehicle Model:

SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO

Primary Colour:

Blue

Manufacturing Year:

2011

Engine No.:

D4EAB965380

Chassis No.:

KMHET41VMBA811422

Maximum Power Output:

110.0 kW (147 bhp)

Open Market Value:

\$14,455.00

Original Registration Date:

31 May 2011

First Registration Date:

31 May 2011

Transfer Count:

0

Actual ARF Paid:

\$14,455.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

30 May 2019

PARF Rebate Amount:

\$8,673.00

Intended COE Rebate Details

COE Expiry Date:

30 May 2019

COE Category:

A - Car (1600cc & below)

COE Period(Years):

8

PQP Paid:

\$33,834.00

COE Rebate Amount:

\$807.00

Total Rebate Amount:**\$9,480.00****Message**

Please note that the 8-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 21 Mar 2019

OK

Report ID : ZFICTPL32
DATE : 21.03.2019
TIME : 10:47:48

o.Code	:	CTFL
licence Pl.No	:	SRA4114D
ld Asset No	:	10027853-0
eh.Model	:	Hyundai Sonata
eg.Date	:	31.05.2011
ap.Date	:	31.05.2011
ccident.Date	:	13.03.2019
eh.Age	:	094

[illegible]

SHA 4114P

$$\textcircled{1} \text{ cost of taxi} = 71315.84$$

$$\text{APR } 75\% = 10841.25$$

$$\begin{aligned} \text{Depreciation} &= (71315.84 - 10841.25) \div 96 \\ &= 629.94 \end{aligned}$$

$$\begin{aligned} \textcircled{2} \text{ Book value} &= (629.94 \times 2) + 10841.25 \\ &= 12101.13 \end{aligned}$$

$$\begin{aligned} \textcircled{3} \text{ Net value} &= 12101.13 - 9480 \\ &= \underline{\underline{\$2621.13}} \end{aligned}$$

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305277298

TOMER MS TOMER NO. RESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO.: SHA4114D	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL SONATA	DATE/TIME IN 13.03.2019 15:00
		YR OF MANU 31.05.2011	TARGET DATE
		CHASSIS CODE RMHET41VMBA811422	COMPLETION DATE/TIME:

COUNT CARD NO.

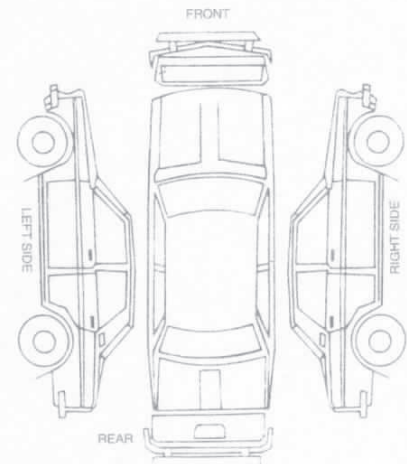
JOB DESCRIPTION

Accident Date: 13.03.2019

NATURE: TP/3P 13.03.2019 (C)

S/NO LABOR CODE DESCRIPTION

AXA - Front & Rear



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHA4114D

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard