

INS. CASE OWNER:

CC P/ HSM 1900

IDAC:

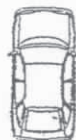
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

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



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

GBF 3L - X

SME 926Z - 6/MSH 19003636 / K943N2: 27/1/19

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:

Surveyor:

arl.

REF:

AXA

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s

Indeco

of _____

Insured: _____

Policy No. _____

Claims No. _____

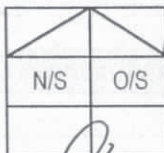
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

\$110k.

IDAC Accident Rpt.: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

2 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: _____

SME 9268

Yr Regn: 18 Sep 2018

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

Truck / Trailer or _____

Make: _____

Blue car

C.C. _____

Colour

white

A/C: Insured / Std / NI / NA

Sp. Reading _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

VL4BCER4RT003309

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or _____Brake: In order / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: _____

F: _____

175/65 R15

R: _____

11

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

TOYO / YOKO or _____

Front

Rear

R/Bal. _____

mm

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

D.O.I. _____

14-05-19

Survey held at _____

w/s

2:30pm

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format : _____

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

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	7259H
Vehicle No.:	SME926Z
Vehicle to be Exported:	No
Intended Deregistration Date:	14 May 2019
Vehicle Make:	BLUECAR
Vehicle Model:	BLUECAR
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	-
Chassis No.:	VL4BCEB4RJT003309
Maximum Power Output:	50.0 kW (67 bhp)
Open Market Value:	\$33,746.00
Original Registration Date:	18 Sep 2018
First Registration Date:	18 Sep 2018
Transfer Count:	0
Actual ARF Paid:	\$19,245.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Sep 2028
PARF Rebate Amount:	\$14,433.00
COE Expiry Date:	17 Sep 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
PQP Paid:	\$32,339.00
COE Rebate Amount:	\$30,210.00
Total Rebate Amount:	\$44,643.00

The information contained herein is correct as at 14 May 2019

OK

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	SME926Z
Vehicle Type :	R10 - Private Hire (Self-Drive) Motor Car
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	EV Sharing Scheme
Vehicle Make :	BLUECAR
Vehicle Model :	BLUECAR
Chassis No. :	VL4BCEB4RJT003309
Propellant :	Electric
Motor No. :	922403A18W062345179
Power Rating :	50.0 kW
Maximum Power Output :	50.0 kW (67 bhp)
Maximum Laden Weight :	1740 kg
Unladen Weight :	1400 kg
Year Of Manufacture :	2018
Original Registration Date :	18 Sep 2018
Lifespan Expiry Date :	-
COE Category :	A - Car up to 1600cc & 97kW (130bhp)
PQP Paid :	\$32,339.00
COE Expiry Date :	17 Sep 2028
Road Tax Expiry Date :	17 Sep 2019
PARF Eligibility Expiry Date :	17 Sep 2028
Inspection Due Date :	17 Sep 2021
Intended Transfer Date :	16 May 2019
CO2 Emission :	74.40 (g/km)

CEV/VES Rebate \$20,000.00

Utilised Amount :

CO Emission : -

HC Emission : -

NOx Emission : -

PM Emission : -

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

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