

INS. CASE OWNER:

CC 4 / 13511

1900 9491 / 44445

IDAC:

118388

Surveyor:

MARW

DOI:

ASSIGNMENT

29/05/19

Date / Time:

29/05/19

Registered in Merimen:

Pre-assign / CCU / FTE

SJR3470T

Claim No.:

S9m01p09

GA

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

28/05/19

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

Sun 16/7/19



INSRS:

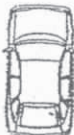
WSP:

Tel:

Liability:

RMKS:

1st chance



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

Sun 16/7/19
SJR3470T

- OIR.

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:

(08/11/13)

Wet

REF:

AXA/

ASS. REC. BY: Marcus

W

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SLM 1674M
at Workshop m/s Kim chuan
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

Bal. or Market Value: 70k.
IDAC Accident Rpt: Consistent? : Yes or No
G/A PR Seen: 2 Consistent? : Yes or No
Est. Repairs: days Res.: Yes or No
Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

LTA 44408

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLM 1674M Yr Regn: 3.17
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or CA
Make: CITROEN CH Picasso 1560
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 31191 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: VF73DBH ET6J 807920
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: 205/00R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front 7 mm Rear 7 mm
R/Bal. 28/5/19 mm L/Bal. 28/5/19 mm
D.O.A. 28/5/19 D.O.I. 28/5/19
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear & Rf
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

net 15592

have G.A

143. (car) reg 8500

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

Survey Fee:

Transportation:

___ S + RS, ___ SI

) Photos

) Others

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	3364E
Vehicle Details	
Vehicle No.:	SLM1674M
Vehicle to be Exported:	No
Intended Deregistration Date:	29 May 2019
Vehicle Make:	CITROEN
Vehicle Model:	C4 PICASSO 1.6 BLUEHDI EAT6
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	10JBHD3064504
Chassis No.:	VF73DBHZTGJ807920
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$20,950.00
Original Registration Date:	23 Mar 2017
First Registration Date:	23 Mar 2017
Transfer Count:	0
Actual ARF Paid:	\$6,330.00 3165
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Mar 2027
PARF Rebate Amount:	\$4,747.00
Intended COE Rebate Details	
COE Expiry Date:	22 Mar 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,789.00
COE Rebate Amount:	\$39,661.00
Total Rebate Amount:	\$44,408.00

The information contained herein is correct as at 29 May 2019

OK