INS. CASE OWNER: CC 3 /AXA140/6915/KZ b3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 01/09/14 Assg Date: 01/09/14

Pre-assign / CCU / FTE

Insured Vehicle No. : GZ 3571D Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 30/08/14 Place of Accident :

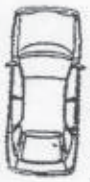
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

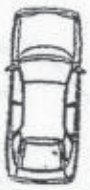
Driver Tel No. : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

(V/L: YES / NO Insured Liability : % **Final ? Yes / No**

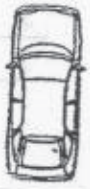
SHD 9619R →



INSRS:
WSP: Trans-Cab
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FOR CSO ONLY:
	Is driver the owner? (YES / NO)
	If NO, Driver Name / Age :
	Driver's Own Vehicle Number: Insurance Company:
	SHD 9619R - X
	GZ 3571D - X

STAGE	DATE / PIC
Finalisation:	
Email AIG for OI GIA:	
Apt letter to OI:	
Call OI:	
After call ltr to OI:	
Type Report:	
Prepare Invoice:	
Others:	

Documentation Check List:	Handler	Typist
OI Apt Ltr:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
LTA / GIA :		
Medical Bill:		
Approval Email:		
Payment Breakdown Form:		
Others:		

FINAL SETTLEMENT Date : Confirm with

Repair Cost: S$ Final Liability % (Agreed / Assessed) BOLA S/N No. :

Loss of Rental: S$ (days)

Loss of Use: S$ ($ x days) If NO or B 28, Ass. Lia :

Disbursement: S$ Format Type :

Total: S$ **Global Sum: S$**

(08/11/13)

ASS. REC. BY: Kenneth

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 Trans Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

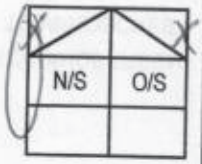
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : **Yes** or **No**

GIA / PR Seen: _____ Consistent? : **Yes** or **No**

Est. Repairs: 16 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: **IN / OUT**

Veh No: SHD 9619R Yr Regn: 07 12

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer** or _____

Make: Chevrolet Epica c.c 1991

Colour White / Red A/C: **Insured / Std / NI / NA**

Sp.Reading 337358 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: KLCA69RJBB109537

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or _____

Brake: **Inorder / Jammed / Leaked / Burnt** or _____

Modi : **Nil / S/Rim / STD A/Rim** or _____

Tyre Size: F: 195/65R15

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	8 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	30/8/14	D.O.I.	1/9/14

Survey held at ✓

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to? 1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Invs ($ _____) ☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	

Text size + -

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	200303878K

Vehicle Details

Vehicle No.:	SHD9619R
Vehicle to be Exported:	Yes
Intended De-registration Date:	01 Sep 2014
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	Z20S1456968K
Chassis No.:	KL1LA69RJBB109537
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	$14,578.00
Original Registration Date:	27 Jul 2012
First Registration Date:	27 Jul 2012
Transfer Count:	0
Actual ARF Paid:	$14,578.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jul 2020
PARF Rebate Amount:	$10,933.00

Intended COE Rebate Details

COE Expiry Date:	26 Jul 2020
COE Category:	A - Car (1600cc & below)
COE Period (Years):	8
QP Paid:	$47,203.00
COE Rebate Amount:	$34,815.00
Total Rebate Amount:	**$45,748.00**

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 01 Sep 2014

OK

Land Transport Authority