15/5/2010

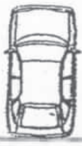
INS. CASE OWNER: Jas Tan | CC 4, Asm190 12541, Kwa3 | LKK: IDAC: 127012

ASSIGNMENT

Surveyor: KSC DOI: 16/7/2019 Date / Time: 16/07/2019

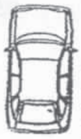
Registered in Merimen: –

Pre-assign / CCU / FTE

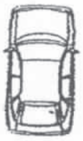


Insured Vehicle No. : SHF 6372		Claim No. : 59 MO17ZR	
Name of Insured : UC Svs Pte		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$ 5,000.00	D.O.A.: 13/7/19	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age :		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES (circled) / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

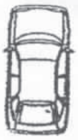
SKL 1004P → → →



INSRS:
WSP: City Auto.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKL1004P - CU6/AIG1302337SK/CSY3W2 ; DOM: 8/12/13
	SHF6372 - 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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		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:	

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 City Auto

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKL 1004P Yr Regn: 09, 13

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

Make: NIS NV350 c.c 2488

Colour White/Rw A/C: Insured / Std / NI / NA

Sp.Reading 214883 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1UC4E28Z 0000018

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 195R15 x 8

R: _____

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

Front		Rear	
R/Bal.	3 mm	R/Bal.	4 mm
L/Bal.	3 mm	L/Bal.	4 mm
D.O.A.	13/7/19	D.O.I.	16/7/19

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	File pass to

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

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:	$ - RS. SI
Parts	
Others	
TOTAL	

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details

Vehicle No. :	SKL1004P
Vehicle Type :	E63 - Road Tax Exempted Ambulance
Vehicle Attachment 1 :	Emergency
Vehicle Scheme :	Ambulance
Vehicle Make :	NISSAN
Vehicle Model :	NV350 HR MICROBUS 2.5 4DR 5AT ABS D/AB
Chassis No. :	JN1UC4E26Z0000018
Propellant :	Diesel
Engine No. :	YD25323284A
Engine Capacity :	2488 cc
Maximum Power Output :	-
Maximum Laden Weight :	3400 kg
Unladen Weight :	2360 kg
Year Of Manufacture :	2013
Original Registration Date :	27 Sep 2013
Lifespan Expiry Date :	26 Sep 2033
Inspection Due Date :	26 Sep 2019
Intended Transfer Date :	16 Jul 2019
CO2 Emission :	-
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**

Message

Vehicle is exempted from road tax. Please check with LTA on the actual road tax payable, if applicable.

You may print this page for reference.

OK Print