

INS. CASE OWNER:

CC3/AIG19014783/Kha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

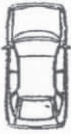
KENNETH

DOI: 20/08/2019

Date / Time: 20/08/2019

Registered in Merimen: 22/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH8394B

Claim No. :

Name of Insured : CHUA THIAM SOON

Policy No. : 1900014525

Insured Tel No. : HP: +65-96224288

Make / Model : HONDA CRV

Excess Sec II : S\$ D.O.A : 18/08/2019 21:55

Place of Accident : PIE TWDS AIRPORT BEFORE THOMSON

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

If NO, Driver Name / Age : CHUA MING YANG MALCOLM

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-90263722 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHD 9920U

INSRS:
WSP: TRANS-CAB
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SLH 8394B - CC4/ASM19014598/Awa3 ;	DOA: 18/8/19	
SHD 9920U - CC3/III18006488/Keb3q2;	DOA: 4/4/18	
- CS/FCI17023644/Ktd3n2;	DOA: 10/12/17	
- CC3/AXA16002631/Kza3s2;	DOA: 6/2/16	
* CLAIMING EACH OTHERS		
	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
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
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:

REF: A16/

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. _____

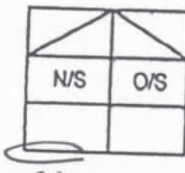
Sum Insured: _____ Excess: _____

(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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 9920U Yr Regn: 06, 14
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Renault Corbelle c.c. 1995Colour: M. White / R A/C: Insured / Std / NI / NASp. Reading: 704983 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC 277504Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

Front _____ Rear _____

R/Bal. 0 mm R/Bal. 0 mmL/Bal. 0 mm L/Bal. 0 mmD.O.A. 18/8/19 D.O.I. 20/8/19

Survey held at _____

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

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

Date / Time Action / Instruction

1 File pass to2 L1 Imp @ 1850/

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fines _____

Others _____

TOTAL

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

Report Format :

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

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD9920U
Vehicle to be Exported:	Yes
Intended Deregistration Date:	19 Aug 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C001333
Chassis No.:	VF1ABL15AUC277504
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	05 Jun 2014
First Registration Date:	05 Jun 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Jun 2022
PARF Rebate Amount:	\$8,748.00
Intended COE Rebate Details	
COE Expiry Date:	04 Jun 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$57,338.00
COE Rebate Amount:	\$20,020.00
Total Rebate Amount:	\$28,768.00
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 19 Aug 2019

OK