15/5/2010

INS. CASE OWNER: KHONG Lynn 68804892 | CC4/ASM20002702/ K ga3 | LKK: IDAC: 160874

ASSIGNMENT

Surveyor: Kenneth DOI: 17/02/2020 Date / Time : 17/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : XE 381P

Name of Insured : WYN2000 TRANSPORT & CONTAINER SERVICES P/L

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : ONG CHUAN KWEE

Driver Tel No. : +65-96255551 (V/L: YES / NO)

Claim No. : S0M02G2P X

Policy No. : P1681827

Make / Model : VOLVO FM370-10.8 D (M)

D.O.A : 11/02/2020 04:40

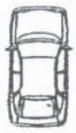
Place of Accident : PIE TOWARDS TUAS NEAR TRELLIS TOWERS

Nature of Accident :

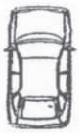
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

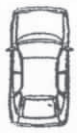
YP 4941C → → →



INSRS:
WSP: AE AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	YP 4941C - X	XE 381P - 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 AE

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: 634k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

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

Veh No: YP 4941C Yr Regn: 11/16

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

Make: Mit Canter c.c 2998

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

Sp.Reading 74023 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FE B 71 E A 20366

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: 215/75R17

R: — — (D)

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 9 mm
L/Bal.	9 mm	L/Bal.	9 9 mm
D.O.A.	11/12/20	D.O.I.	17/2/2020

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	Est not ready

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

Fixings _____

Others _____

TOTAL _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	701W

Vehicle Details

Vehicle No.:	YP4941C
Vehicle to be Exported:	Yes
Intended Deregistration Date:	14 Feb 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEB71ER4SDEC
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	4P10C44159
Chassis No.:	FEB71EA20366
Maximum Power Output:	-
Open Market Value:	$37,080.00
Original Registration Date:	30 Nov 2016
First Registration Date:	30 Nov 2016
Transfer Count:	0
Actual ARF Paid:	$1,854.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

COE Expiry Date:	29 Nov 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	$36,277.00
COE Rebate Amount:	$24,638.00
Total Rebate Amount:	**$24,638.00**

The information contained herein is correct as at 14 Feb 2020

OK