

INS. CASE OWNER:

Surveyor:

DOI:

ASSIGNMENT

Date / Time : 18/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 7996A

Claim No. : S0M02GKZ

Name of Insured : TRANS-CAB SERVICES PTE LTD

Policy No. : P2348706

Insured Tel No. : HP:

Make / Model : TOYOTA PRIUS-1.8 HYBRID CVT (A)

Excess Sec II :S\$ 5,000.00 D.O.A : 15/02/2020 11:45

Place of Accident : TOA PAYOH LORONG 1 TOWARDS BRADELL

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

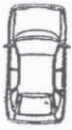
If NO, Driver Name / Age : TAN KIM HUNG

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

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SKQ 9799A

INSRS:
WSP: TROPICAL
Tel : SUCCESS
Liability : AUTO CARE
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | |
|--|---|--|
| | SKQ 9799A - X | STAGE |
| | SHB 7996A - CC3/AXA14006393/Kra3q2; DOA : 29.03.14 | 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) <input type="checkbox"/> <input type="checkbox"/> |
| | | After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/> |
| | | Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/> |
| | | Release Voucher: <input type="checkbox"/> <input type="checkbox"/> |
| | | Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/> |
| | | Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/> |
| | | Towing Invoice: <input type="checkbox"/> <input type="checkbox"/> |
| | | LTA / GIA : <input type="checkbox"/> <input type="checkbox"/> |
| | | Medical Bill: <input type="checkbox"/> <input type="checkbox"/> |
| | | PIR: <input type="checkbox"/> <input type="checkbox"/> |
| | | Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/> |
| | | LOD: <input type="checkbox"/> <input type="checkbox"/> |
| | | Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/> |
| | | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/> |
| | | Others: <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: Sent By: | | |
| FINALIZATION Date/Time: Confirm with: | | |
| Repair Cost: P/P | S\$ 4191.70 (3 days) Reduction: 6321.30 % 60 | Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: 21/08/2020 Confirm with CALVIN Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | | |
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 27 | If NO or B 28, Ass. Lia : |
| Repair Cost: | S\$ 4191.70 | |
| Loss of Rental (LOR): | S\$ (days) | |
| Loss of Use (LOU): | S\$ 240.00 (\$ 80.00 x 3 days) | |
| Loss of Income (LOI): | S\$ (\$ x days) | |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] | |
| GIA/LTA Search | S\$ 7.49 | |
| Medical: | S\$ | 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle |
| Disbursement: | S\$ (e.g. Tow/ Independent) | 2) Report Format: TP |
| Legal Cost | S\$ | 3) Survey fee: \$350.00 |
| Total: | S\$ 4439.19 Global Sum S\$: | |
| FINAL PAYMENT Date/Time: Confirm with: Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | | |
| Payee 1: | S\$ 4439.19 Name 1: TROPICAL TECH AUTOMOBILE SERVICES | |
| Payee 2: (Strike if N.A.) | S\$ Name 2: | |
| Payee 3: (Strike if N.A.) | S\$ Name 3: | |

ASS. REC. BY:

REF: ASM (AXA)

ASSIGNMENT

From:

Date: 19/12/2020

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SKQ 9799A

at Workshop m/s Tropical Success Auto Care

of BK5032 Amk Ind Pl 2 #101-303

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

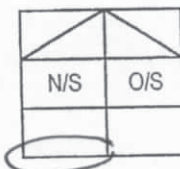
(Client's Record)

Make of Veh:

11.000.17 Omv waly

(Policy Condition)

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



Bal. or Market Value:

8133/c

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03 days

Res.: Yes or No

Lum Sum:

1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

"up"

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKQ 9799A

Yr Regn:

08, 17

Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

BMW X3

c.c

1997

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading

18856

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBAWY-920100Y20959

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 / Rim or

Tyre Size:

F:

R:

245/50R18

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

Front

Rear

R/Bal.

6 mm

R/Bal.

7 mm

L/Bal.

6 mm

L/Bal.

7 mm

D.O.A.

15/12/20

D.O.I.

19/12/20

Survey held at

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

Rear n/s

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

Date / Time Action / Instruction

Date/Time, File Pass to?



: Preli. Report



: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Format:

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

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

| | |
|-------------------------------------|---------------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 761H |
| Vehicle Details | |
| Vehicle No.: | SKQ9799A |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 18 Feb 2020 |
| Vehicle Make: | B.M.W. |
| Vehicle Model: | X3 SDRIVE 20I M SPORT HID SR NAV |
| Primary Colour: | White |
| Manufacturing Year: | 2017 |
| Engine No.: | A2521722N20B20A |
| Chassis No.: | WBAWY920100Y20959 |
| Maximum Power Output: | 135.0 kW (181 bhp) |
| Open Market Value: | \$38,655.00 |
| Original Registration Date: | 30 Aug 2017 |
| First Registration Date: | 30 Aug 2017 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$46,117.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 29 Aug 2027 |
| PARF Rebate Amount: | \$34,587.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 29 Aug 2027 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$51,000.00 |
| COE Rebate Amount: | \$38,400.00 |
| Total Rebate Amount: | \$72,987.00 |

The information contained herein is correct as at 18 Feb 2020

OK