15/5/2010

INS. CASE OWNER: LOH Cynthia 6568804843 | CC4/ASM20002788/ Kga3 | LKK: IDAC: 161073

ASSIGNMENT

Surveyor: KSL DOI: 19/2/2020 Date / Time : 18/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

X

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKQ 9799A - X
	SHB 7996A - CC3/AXA14006393/Kra3q2; DOA : 29.03.14

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:

REF: ASM (AXA)

ASSIGNMENT

From: _____ Date: 19/2/2020

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 BLK 5032 Ang Ind Pk 2 #01-303

Insured: _____

Policy No. _____

Claims No. _____

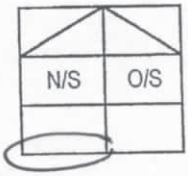
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 11.000 km Owner waiting

(Policy Condition)

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



Bal. or Market Value: $ 133/c

IDAC Accident Rport: _____ 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

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 (A) 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-92010OY20959

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: _____

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.	15/2/20	D.O.I.	19/2/20

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?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

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

> 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