

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

MARCUS

DOI: 24/02/2020

Date / Time: 24/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH 6229J

Name of Insured : LAU WAI KIT AMOS

Insured Tel No. : HP: +65-81809626

Excess Sec II : S\$ D.O.A : 21/02/2020 14:40

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

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. : S0M02H0S X

Policy No. : GA436214

Make / Model : HONDA CIVIC TYRE R 2.0

Place of Accident : PIE TOWARDS CHANGI

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

Insured Liability : % Final ? Yes / No

SKE 6987G

INSRS:
WSP: FASTECH

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

Date/ Time	SKE 6987G - X	SLH 6229J - 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
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S\$	(days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>				[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 <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

(08/11/13) wef

ASS. REC. BY: Marcus

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

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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

days Res.: Yes or No

% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

9706

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

we 8-10-2021 27A 9202
att 6298

Veh No:

SKE69876

Yr Regn:

1006

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

Truck / Trailer or

Make:

Toyota Wsh

c.c 1794

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

326801

T/Radio: Insured / Std / NI / NA

Eng/No:

2NE 10 0295559

C/No:

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:

195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Rear

R/Bal.

L/Bal.

D.O.I.

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 970F

Vehicle Details

Vehicle No.: SKE6987G

Vehicle to be Exported: No

Intended Deregistration Date: 24 Feb 2020

Vehicle Make: TOYOTA

Vehicle Model: WISH 1.8 A

Primary Colour: Grey

Manufacturing Year: 2006

Engine No.: 1ZZ2513503

Chassis No.: ZNE100295559

Maximum Power Output: 97.0 kW (130 bhp)

Open Market Value: \$19,938.00

Original Registration Date: 09 Oct 2006

First Registration Date: 09 Oct 2006

Transfer Count: 2

Actual ARF Paid: \$21,932.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 08 Oct 2021

COE Category: B - Car (1601cc & above)

COE Period(Years): 5

PQP Paid: \$28,376.00

COE Rebate Amount: \$9,202.00

Total Rebate Amount: \$9,202.00

Message

Please note that the 5-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 21 Feb 2020