15/5/2010

INS. CASE OWNER: HO Winnie 6568804833

CC4/ASM20003173/Gga3

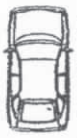
LKK:
IDAC: 161876

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 25/02/2020 Date / Time : 25/02/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 9032D

Name of Insured : HUP HENG BEAN CAKES

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 11/11/2019 10:35

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

If NO, Driver Name / Age : SIM BOCK CHYE

Driver Tel No. : +65-91871324 (V/L: YES / NO)

Claim No. : S0M02H7D

Policy No. : P1748178

Make / Model : ISUZU NHR85AUE4A R1

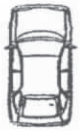
Place of Accident : WHAMPOA MARKET CARPAR

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

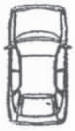
Insured Liability : % **Final ? Yes / No**

GY 4102Z →

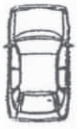
INSRS:
WSP: J&H MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GY 4102Z - X YN 9032D - NA/INC17001881/s4; 27.01.17

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: Gal. | REF: AXA

ASSIGNMENT

(~2020)

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s I & H Motor

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: ~~$~~ 2000

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GY4622 Yr Regn: 24 Mar 2005

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

Make: Nissan URVAN c.c 2953

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

Sp.Reading 258479 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1MG4E25Z0712906

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: 195 R15

R: 11

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	11-11-19	D.O.I.	25-02-20

Survey held at W/S 3pm

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

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

Date / Time	Action / Instruction
	COE : 400

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:	
___$ + RS___SI	
Photos	
Other:	
TOTAL	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	976W
Vehicle Details	
Vehicle No.:	GY4102Z
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Feb 2020
Vehicle Make:	NISSAN
Vehicle Model:	URVAN 5DR
Primary Colour:	Silver
Manufacturing Year:	2005
Engine No.:	ZD30047170
Chassis No.:	JN1MG4E25Z0712906
Maximum Power Output:	-
Open Market Value:	$22,193.00
Original Registration Date:	24 Mar 2005
First Registration Date:	24 Mar 2005
Transfer Count:	2
Actual ARF Paid:	$1,110.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	23 Mar 2020
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	$27,286.00
COE Rebate Amount:	$400.00
Total Rebate Amount:	**$400.00**
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 25 Feb 2020