

Surveyor:

ADRIAN

DOI:

ASSIGNMENT

12/1/18

Date / Time:

12/1/18

Registered in Merimen:

12/1/18

Pre-assign / CCU / FTE

GBG8276H



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

14/1/2018

Place of Accident :

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO )

Insured Liability :

%

Final ? Yes / No

SKT 9578E



INSRS:

WSP:

Tel :

Liability :

RMKS:

NH7



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

Date/ Time		STAGE	DATE / PIC
	SKT 9578E, X;	Non-Reporting ltr (1st):	
	GBG8276H, NH7, CTI 180 13071/24 : 09:12/18	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"/>

<b>PRELIMINARY ADVICE</b>		Date/Time:	Sent By:	
<b>FINALIZATION</b>		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	( ) days	Reduction:	%
<b>FINAL SETTLEMENT</b>		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 )		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$			2) Report Format:
<b>Total:</b>	S\$	<b>Global Sum S\$:</b>		3) Survey fee:
<b>FINAL PAYMENT</b>		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:		

ASS. REC. BY: Adrian King

REF:

**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.**

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ 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**Vehicle: **IN / OUT**

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SKT9578E Yr Regn: 2015 JuneType: M. Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3 c.c. 1496Colour: Grey A/C: **Insured / Std / NI / NA**Sp. Reading: 62443 T/Radio: **Insured / Std / NI / NA**

Eng/No: \_\_\_\_\_

C/No: JM6BM42A8G030107Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 205/60R16**BS** / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 17/07/18Survey held at NHT.Des. of Damages: **Fr** / Rear / O/S / N/S / U/C / Rooftop orThe **U/C** / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

TP Chang

Date/Time, File Pass to?

☐ : **Preli. Report**☐ : **Final Report**

1)

Date/Time, File Return to?

2)

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

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 1172J

Vehicle Details

Vehicle No.: SKT9578E  
Vehicle to be Exported: Yes  
Intended De-registration Date: 16 Jul 2018  
Vehicle Make: MAZDA  
Vehicle Model: MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT  
Primary Colour: Grey  
Manufacturing Year: 2015  
Engine No.: P520263454  
Chassis No.: JM6BM42A8G0301707  
Maximum Power Output: 88.0 kW (118 bhp)  
Open Market Value: \$14,058.00  
Original Registration Date: 26 Jun 2015  
First Registration Date: 26 Jun 2015  
Transfer Count: 0  
Actual ARF Paid: \$5,000.00

Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 25 Jun 2025  
PARF Rebate Amount: \$3,750.00

Intended COE Rebate Details

COE Expiry Date: 25 Jun 2025  
COE Category: A - Car up to 1600cc & 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$61,000.00  
COE Rebate Amount: \$42,344.00  
Total Rebate Amount: \$46,094.00

The information contained herein is correct as at 16 Jul 2018

OK