15/5/2010

INS. CASE OWNER: CC 4, FQ 180 14503, Upas

LKK:
IDAC:

Surveyor:	Marus	DOI: 10/8/18	**ASSIGNMENT** Date / Time : 8/8/2018
			Registered in Merimen:

Pre-assign / CCU / FTE
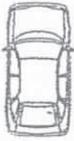
Insured Vehicle No. : SJA5571C

Name of Insured :

Insured Tel No. :   HP:

Excess Sec II :S$ D.O.A : 4/8/18

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

If **NO**, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability :   %   Final ? Yes / No

46683896

INSRS:
WSP: Un bo.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	46683896- X ; SJA5571C- 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**	**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:	

ASSIGNMENT

From:	Date:
Estimated Cost:	

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

To Inspect Vehicle No: __GBC 8389__

at Workshop m/s __11 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 Rport: _____   Consistent? : Yes or No

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

Est. Repairs: __4__ days   Res.: Yes or No

Lum Sum: __1-3.1__ %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____   Person Contacted: _____   Vehicle: IN / OUT

Veh No: __GBC 8389__ Yr Regn: __12/12__

Type: M.Car / M.Cycle / Bus / (Van) / Lorry / Taxi / Prime Mover /
Truck / Trailer or __(A)__

Make: __Toyota Hiace__   c.c __2982__

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

Sp.Reading __53 781__   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: __JTFHT02PX00106127__

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 A/Rim or

Tyre Size: F: _____
             R: __195 n/s__

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	4/8/18	D.O.I.	10/8/18

Survey held at _____

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

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

Date / Time	Action / Instruction
	No "second hand parts
10/8/18	Conf. and final fig $1994.80 with Susen.

Date/Time, File Pass to?   ☐ : Preli. Report

1) _____
Date/Time, File Return to?   ☐ : Final Report

2) _____

Report Format : _____
Lum 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:	Company
Owner ID:	1196N

Vehicle Details

Vehicle No.:	GBC5389G
Vehicle to be Exported:	No
Intended De-registration Date:	08 Aug 2018
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE AUTO
Primary Colour:	White
Manufacturing Year:	2012
Engine No.:	1KD2253614
Chassis No.:	JTFHT02PX00106127
Maximum Power Output:	-
Open Market Value:	$27,378.00
Original Registration Date:	17 Dec 2012
First Registration Date:	17 Dec 2012
Transfer Count:	1
Actual ARF Paid:	$1,369.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

COE Expiry Date:	16 Dec 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$57,809.00
COE Rebate Amount:	$25,174.00
Total Rebate Amount:	**$25,174.00**

The information contained herein is correct as at 08 Aug 2018

OK