

Surveyor:

Marens

DOI:

ASSIGNMENT

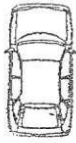
17/9/18

Date / Time:

17/9/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKF 2015H

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A: 10/9/18

Place of Accident :

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

If NO, Driver Name / Age :

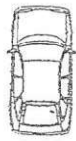
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SUP 4956P



INSRS:

WSP: 77

Tel :

Liability :

RMKS:



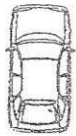
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time

17/9
at 1

SUP4956P-X; SKF 2015H, 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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

(08/11/13) wef
ASS. REC. BY: *Morcos*

REF:

541

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *SLP 4986P*

at Workshop m/s *LI*

of _____

Insured: *SIFSKF 2015H*

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

L 7452029

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: *SLP 4986P* Yr Regn: *6, 17*

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

Truck / Trailer or *CAI*

Make: *mar da* 3 c.c. *1496*

Colour: *grey* A/C: Insured / Std / NI / NA

Sp. Reading: *23144* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *1M6BN22APH0158923*

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: *205/60R16*

R: _____

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

TOYO / YOKO or

Acolus

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

10/9/18

D.O.I.

12/9/18

Survey held at _____

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

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

Date / Time Action / Instruction

*Buyer owner fix back
change workshop cancel
SLP 4986P index-1.*

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

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

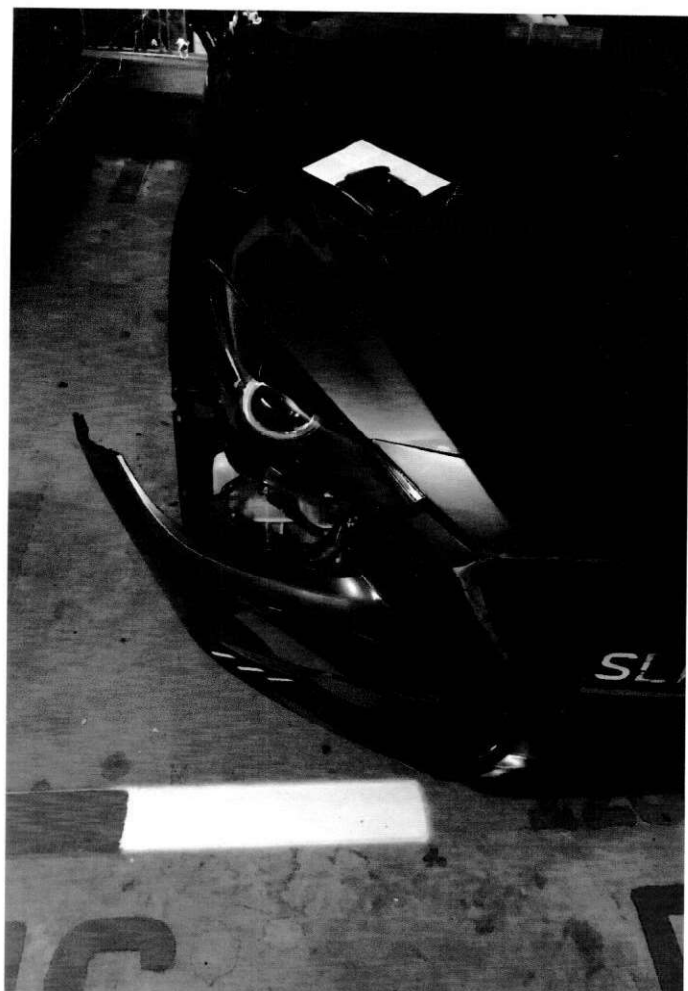
Others

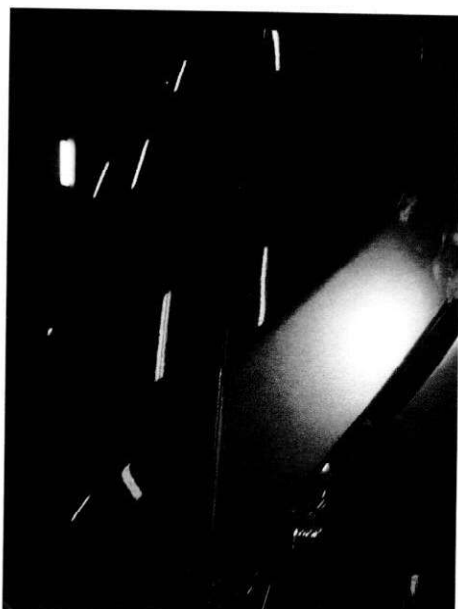
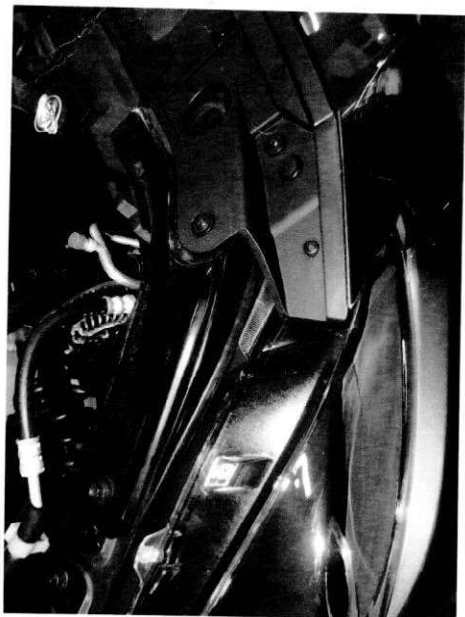
TOTAL

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:	7199C

Vehicle Details

Vehicle No.:	SLP4956P
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Sep 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 SEDAN 1.5 AT EU6
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	P520451531
Chassis No.:	JM6BN22A8H0158923
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$15,108.00
Original Registration Date:	07 Jun 2017
First Registration Date:	07 Jun 2017
Transfer Count:	1
Actual ARF Paid:	\$10,108.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Jun 2027
PARF Rebate Amount:	\$7,581.00

Intended COE Rebate Details

COE Expiry Date:	06 Jun 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,889.00
COE Rebate Amount:	\$44,448.00
Total Rebate Amount:	\$52,029.00

The information contained herein is correct as at 12 Sep 2018

OK