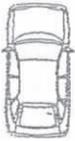


Surveyor: mAbens DOI: 8.11.18 Date / Time: 7.11.18

Pre-assign / CCU / FTE

Registered in Merimen: -



Insured Vehicle No. : Gy 3307 G
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II : \$\$ _____ D.O.A : 7.11.18
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : 10012572
Policy No. : _____
Make / Model : _____
Place 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

SLT 1206 U



INSRS: Fastech.
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date/ Time

Date/ Time	STAGE	DATE / PIC	
<u>SLT 1206 U</u> <u>Gy 3307 G</u> } <u>NAT/CCU 180 20159/24 : D.O.A: 7/11/18</u>	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)	<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"/>	

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos: Others:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____ 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: \$\$ (days) Reduction: %
Loss of Rental (LOR): \$\$ (days)
Loss of Use (LOU): \$\$ (\$ x days)
Loss of Income (LOI): \$\$ (\$ x days)
LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
GIA/LTA Search: \$\$
Medical: \$\$
Disbursement: \$\$ (e.g. Tow/ Independent)
Legal Cost: \$\$
Total: \$\$ Global Sum \$\$:
1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee:

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
Payee 1: \$\$ Name 1: _____
Payee 2: (Strike if N.A.) \$\$ Name 2: _____
Payee 3: (Strike if N.A.) \$\$ Name 3: _____

REF: QBE

ASSIGNMENT

From: Date: 08-11-2018

Estimated Cost:

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

To inspect Vehicle No: SLT 1206U
at Workshop m/s: Fastech Auto
of: Bk 1 Kaki Bukit Ave 6 # 01-46

Insured: 64/33074
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

LYA50089

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: 52712064 Yr Regn: 10/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or CA
 Make: Nissan Sytphy c.c 1598
 Colour: Grey A/C Insured / Std / NI / NA
 Sp. Reading: 21445 T/Radio: Insured / Std / NI / NA
 Eng/No:
 C/No: MNTBBAB172003009
 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: 195/60R16
 R:

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

Front		Rear
R/Bal.	7 mm	R/Bal. 7 mm
L/Bal.	7 mm	L/Bal. 7 mm
D.O.A.	7/11/18	D.O.I. 8/11/18

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

Rear 215.

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

Date / Time	Action / Instruction
	have GIA have video of folder

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

Days Of Repair:
 Resurvey No. of Trip:

Survey Fee:
 Transportation
) \$ + RS. \$

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

) Photos
) Others

Report Format :
 Lump Sum / I.B.I. (\$)

TOTAL

> **Back to OneMotoring****Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5310H
Vehicle Details	
Vehicle No.:	SLT1206U
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Nov 2018
Vehicle Make:	NISSAN
Vehicle Model:	SYLPHY 1.6 CVT
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	HR16912662C
Chassis No.:	MNTBBAB17Z0030092
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$16,987.00
Original Registration Date:	19 Oct 2017
First Registration Date:	19 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$16,987.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Oct 2027
PARF Rebate Amount:	\$12,740.00
Intended COE Rebate Details	
COE Expiry Date:	18 Oct 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$41,761.00
COE Rebate Amount:	\$37,349.00
Total Rebate Amount:	\$50,089.00

The information contained herein is correct as at 08 Nov 2018

OK