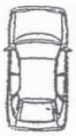
INS. CASE OWNER: CC 4 / FWD 1900 1703 / Ueas | LKK: IDAC:

ASSIGNMENT

Surveyor: UC DOI: 24/1/19 Date / Time: 24/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJH 6845D

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 16/1/19

Is driver the owner? (YES / NO)

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

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

Claim No. :

Policy No. :

Make / Model :

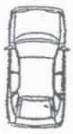
Place of Accident :

Nature of Accident :

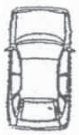
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

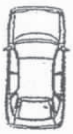
GBH 4086K → → →



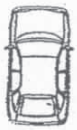
INSRS:
WSP: Gary Hai
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBH 4086K - X ; SJH 6845D - 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:	

22/03/2002

ASS. REC. BY: | REF: CS3/FWD19001703/Ucd3er | Special Instruction: DOA meimon

Surveyor: Mariq
Meimeh

ASSIGNMENT (Office)

From (Person): Lionel Tan of FWD Date/Time: 24/01/2019 @ 4:46pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBH 4086K Insured: SJH 6845D

at Workshop m/s Siong Hai Motor Tel: 93365311

of 1 Kaki Bkt Ave 6 # 02-03 Autobay

Policy No: PNPV2018-00010065 Claim No: 12019 00002557

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 16/01/2019

CA / REV / REP. / REV 24 HRS 'up'

H.O.D. Endorsement:

Date/Time: 9:15am @ 25/1/19 Person Contacted: Ah huat Vehicle (IN) / OUT

Date/Time	Action/Instruction
	(✓) Estimate
	GBH 4086K - X
	SJH 6845D - X
30/1/19 @ 4.34pm	Informed Lionel Tan, we are pending estimate from repairer.
	Change accident date
	pass to Asher.

REF: FWD

ASSIGNMENT

From:

Date: 25/01/2019

Estimated Cost:

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

To Inspect Vehicle No: GBH 4086K

at Workshop m/s: Siong Hui Motor

of: 1 Kaki Bkt Ave 6 #02-03 Autobay

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: 5 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up) 300/K

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBH 4086K Yr Regn: 5/18

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

Make: Mit L200 c.c. 2442

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

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

Eng/No: Ni key

C/No: MMCJJYKL10JH000446

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: 245/70R16

R:

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

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	16/1/19		D.O.I.	25/1/19	

Survey held at:

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

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

Date / Time	Action / Instruction
21/2/19	Tow out vehicle hasn't send in for repair confirmed with AH huat S.7k.

RECEIVED 22 FEB 2019

Change accident date -> 16/1/2019

Date/Time, File Pass to?

1) [ ] : Preli. Report

[ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: —

Add Fee: [ ] Site Insp ($)

[ ] Interview ($)

[ ] Tech. Invs ($)

[ ] Weekend ($)

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format: PRS

Lump Sum / I.B.I: ($)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3601K
Vehicle Details	
Vehicle No.:	GBH4086K
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Jan 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	L200 DOUBLE CAB 2.4 AT
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	4N15UCG7899
Chassis No.:	MMCJYKL10JH000446
Maximum Power Output:	-
Open Market Value:	$24,746.00
Original Registration Date:	21 May 2018
First Registration Date:	21 May 2018
Transfer Count:	0
Actual ARF Paid:	$26,645.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	20 May 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	$34,202.00
COE Rebate Amount:	$31,868.00
Total Rebate Amount:	**$31,868.00**

The information contained herein is correct as at 25 Jan 2019

OK