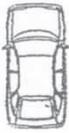


Surveyor: RAJUL

ASSIGNMENT
DOI: 11/2/19

Date / Time: 28/1/19
Registered in Merimen: 28/1/19

Pre-assign / CCU / FTE



Insured Vehicle No. : JHA 3001 C
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A : 2/2/19
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
Policy No. : _____
Make / Model : _____
Place of Accident : _____

Gx

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

GPF 4138E



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



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



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



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

Date/ Time	STAGE	DATE / PIC
<u>GPF 4138E - X;</u>	Non-Reporting ltr (1st):	
<u>JHA 3001 C - contact no 2566/M 2015, 007: 7/1/19</u>	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"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ (_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT 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\$ _____	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 <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: _____		

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1196N
Vehicle Details	
Vehicle No.:	GBF4138E
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DX 3.0 MANUAL
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	1KD2616757
Chassis No.:	KDH2015022349
Maximum Power Output:	-
Open Market Value:	\$32,296.00
Original Registration Date:	17 Oct 2016
First Registration Date:	17 Oct 2016
Transfer Count:	0
Actual ARF Paid:	\$1,615.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Oct 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$49,890.00
COE Rebate Amount:	\$33,890.00
Total Rebate Amount:	\$33,890.00

The information contained herein is correct as at 25 Feb 2019

OK

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

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