

## ASSIGNMENT

23/03/2019

Surveyor:

DOI:

Date / Time:

23/03/2019

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : Sjm 9761R

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : \$\$ D.O.A : 4/3/2019

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

GBE 1880 G

INSRS:

WSP: Uga3

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>GBE 1880 G - X</u>	Non-Reporting ltr (1st):	
	<u>Sjm 9761R, M/M/2019/12/12/12/12/12</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"/>

<b>PRELIMINARY ADVICE</b>		Date/Time:	Sent By:
<b>FINALIZATION</b>		Date/Time:	Confirm with:
Repair Cost: L/S	\$S \$1,100.00	( 4 days)	Reduction: \$917.20 % 45
<b>FINAL SETTLEMENT</b>		Date/Time: 15/10/2021	Confirm with SUSAN
Final Liability:	% 50	(Agreed / Assessed)	BOLA S/N No. : NIL
Repair Cost: 1100.00	\$S 550.00		
Loss of Rental (LOR):	\$S ( days)		
Loss of Use (LOU): 360	\$S 180.00 (\$60.00 x 6 days)		
Loss of Income (LOI):	\$S (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S 2.00		
Medical:	\$S		
Disbursement:	\$S	(e.g. Tow/ Independent )	
Legal Cost	\$S		
Total:	\$S 732.00	Global Sum \$S:	
<b>FINAL PAYMENT</b>		Date/Time:	Confirm with:
Payee 1:	\$S 732.00	Name 1:	LIU'S BROTHER AUTO ENGINEERING WORKSHOP
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: Marcus

REF:

# ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop 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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

Res.: Yes or No

Lum Sum:

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

25/3/19 11:00 confirmed with Susan.

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

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:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

Lump 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.: GBE1850G  
Vehicle to be Exported: No  
Intended Deregistration Date: 25 Mar 2019  
Vehicle Make: TOYOTA  
Vehicle Model: TOYOTA HIACE VAN TURBO 5  
DR MANUAL

Primary Colour: White  
Manufacturing Year: 2014  
Engine No.: 1KD2452365  
Chassis No.: JTFHT02PX00151942  
Maximum Power Output: -  
Open Market Value: \$27,502.00  
Original Registration Date: 28 Sep 2015  
First Registration Date: 28 Sep 2015  
Transfer Count: 1  
Actual ARF Paid: \$1,376.00

### Intended PARF Rebate Details

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

### Intended COE Rebate Details

COE Expiry Date: 27 Sep 2025  
COE Category: C - Goods Vehicle & Bus  
COE Period(Years): 10  
QP Paid: \$46,501.00  
COE Rebate Amount: \$30,251.00  
**Total Rebate Amount: \$30,251.00**

The information contained herein is correct as at 25 Mar 2019

OK