

INS. CASE OWNER:

KH

CC 4/ ASM 1900 7602 / T1paz

LKK:

IDAC:

113280

6x

Surveyor:

Tan Jiah

DOI:

ASSIGNMENT

30/4/19

Date / Time:

30/4/2019

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :

PC 3305 X

Name of Insured :

KAL 7 & 7 SERVICES

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

29/4/19

Is driver the owner?

(YES / NO)

Nature of Accident :

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

INSRS:

WSP:

Tel :

Liability :

RMKS:

INSRS:

WSP:

Tel :

Liability :

RMKS:

INSRS:

WSP:

Tel :

Liability :

RMKS:

INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SJV5042L - N/A/M 11025440/S2 ; DOA: 9/12/11

PC 3305 X-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:

ELIMINARY ADVICE

Date/Time:

Sent By:

VALIZATION

Date/Time:

Confirm with:

Confirm by:

Pair Cost:

S\$

(

days)

Reduction:

%

Email

Call

VAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

al Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Pair Cost:

S\$

s of Rental (LOR):

S\$

(

days)

s of Use (LOU):

S\$

(\$

x

days)

s of Income (LOI):

S\$

(\$

x

days)

R only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

V/LTA Search

S\$

dical:

S\$

bursement:

S\$

(e.g. Tow/ Independent)

al Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

al:

S\$

Global Sum S\$:

VAL PAYMENT

Date/Time:

Confirm with:

Email

Call

ee 1:

S\$

Name 1:

ee 2: (Strike if N.A.)

S\$

Name 2:

ee 3: (Strike if N.A.)

S\$

Name 3:

Surveyor

Taylor

REF: ASM(CXA)

760471P

ASSIGNMENT

From: _____ Date: 30/4/2019

Estimated Cost: _____

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

To Inspect Vehicle No: SJV 5042L

at Workshop m/s: Mova Automotive

of BIK 1008 Bkt merah lene 3 # 01-04

Insured: _____

Policy No. _____

Claims No. _____

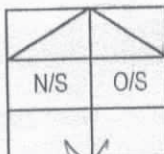
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 920K

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 / up

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJV 5042L

Yr Regn: 2010, Jan

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

Truck / Trailer or

Make: Nissan Terra c.c. 1997

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

Sp. Reading: 145363 T/Radio: Insured / Std / NI / NA

Eng/No: JN1BDUJ5220001461

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: F: 215/55R17

R: _____

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

Front R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____ D.O.I. 30/4/19 1330pm

Survey held at Mova Bkt.

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	Action / Instruction
	Inform Key Repv Unit & SK.

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

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:	Foreign Identification Number
Owner ID:	0390P
Vehicle Details	
Vehicle No.:	SJV5042L
Vehicle to be Exported:	No
Intended Deregistration Date:	03 May 2019
Vehicle Make:	NISSAN
Vehicle Model:	TEANA 2.0L CVT ABS D/AIRBAG 2WD
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	MR20889005A
Chassis No.:	JN1BDUJ32Z0001461
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$25,408.00
Original Registration Date:	28 Jan 2010
First Registration Date:	28 Jan 2010
Transfer Count:	4
Actual ARF Paid:	\$25,408.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jan 2020
PARF Rebate Amount:	\$12,704.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jan 2020
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$21,899.00
COE Rebate Amount:	\$1,601.00
Total Rebate Amount:	\$14,305.00

The information contained herein is correct as at 03 May 2019

OK