

INS. CASE OWNER:

cc 6, bal 190 10589 Uwa3

LKK:

IDAC:

Surveyor:

MARRINS

DOI:

ASSIGNMENT

14/6/19

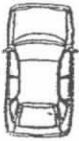
Date / Time :

14/6/19

Registered in Merimen:

Pre-assign / CCU / FTE

GBF 2111



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

HP:

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Excess Sec II : \$\$

D.O.A :

13/6/2019

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

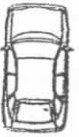
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

GBJ 5844M



INSRS:

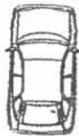
WSP:

Tel :

Liability :

RMKS:

Jm Aub.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GBJ 5844M - X; GBF 2111 - 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\$

Disbursement:

S\$

(e.g. Tow/ Independent )

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1894Z
Vehicle Details	
Vehicle No.:	GBJ5544M
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 5DR MT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	1KD2853707
Chassis No.:	JTFHT02P200249086
Maximum Power Output:	-
Open Market Value:	\$28,136.00
Original Registration Date:	28 May 2019
First Registration Date:	28 May 2019
Transfer Count:	0
Actual ARF Paid:	\$1,407.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 May 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$28,559.00
COE Rebate Amount:	\$28,397.00
<b>Total Rebate Amount:</b>	<b>\$28,397.00</b>

The information contained herein is correct as at 17 Jun 2019

OK

(08/11/13) wef

REF:

54

ASS. REC. BY: Marcus

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: 63J5544M

at Workshop m/s J. n. Ave

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: 2 Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

LTA 28397  
Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: 63J5544M Yr Regn: 5119

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

Truck / Trailer or (m) /

Make: Toyota Hiace c.c. 2982

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

Sp. Reading: 549 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTFHT02P200249086

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: 195-1215

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 2 mm

Rear

R/Bal. 2 mmL/Bal. 2 mmL/Bal. 2 mm

D.O.A. 13/6/19

D.O.I. 14/6/19

Survey held at \_\_\_\_\_

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

Rear

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: \_\_\_\_\_

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$

Survey Fee:

Transportation:

\_\_\_\_ S + RS, \_\_\_\_ SI

Photos

Others

TOTAL

Report Format : \_\_\_\_\_

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

☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$☐ : \_\_\_\_\_