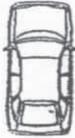


Surveyor: lmp DOI: ASSIGNMENT 25/12/19 Date / Time: 25/1/19 Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : PC4171H
Name of Insured : _____
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A : 24/07/2019
Is driver the owner? (YES / NO) Nature of Accident : _____

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

hx

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

PA 4943H → PC 4171H → YP 2070D → GBF 674A



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS: 01



INSRS:
WSP: MAT
Tel :
Liability :
RMKS: YP



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC	
<u>YP 2070D - X</u> <u>PC 4171H - 016/071 90045831/ken3n2 ; 00A2/3/19</u> <u>non/cu/1901229/8 ; P.A. 24/7/19</u>	Non-Reporting Itr (1st):		
	Non-Reporting Itr (2nd):		
	Non-Reporting Itr (Final):		
	Notification Itr (if non-pickup):		
	Call OI:		
	After call Itr to OI:		
	Documentation Check List: Handler Typist		
	Notification Itr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
	After call Itr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>	

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ 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: \$\$
Loss of Rental (LOR): \$\$ (days)
Loss of Use (LOU): \$\$ (\$ x days)
Loss of Income (LOI): \$\$ (\$ x days)
LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
GIA/LTA Search: \$\$
Medical: \$\$
Disbursement: \$\$ (e.g. Tow/ Independent)
Legal Cost: \$\$
Total: \$\$ Global Sum \$\$:
1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee:

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$\$ Name 1: _____
Payee 2: (Strike if N.A.) \$\$ Name 2: _____
Payee 3: (Strike if N.A.) \$\$ Name 3: _____

ASS. REC BY:

REF:

Adrian

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.

N/S	O/S

Bal. or Market Value: _____

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

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

Veh No: YP2070D Yr Regn: 2016 / April

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

Truck / Trailer or

Make: Mit Fuso Canter C.C. 2998

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

Sp. Reading: 55232 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEB50542898

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/75R16

R: 205/75R16

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

TOYO YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 25/09/19

Survey held at NHT

Des. of Damages: Frnt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time _____ Action / Instruction TP China

MV: 53k

PV: 12.6k

Nett: 40.4k

Date/Time, File Pass to?

Date/Time, File Return to?

- 1) _____
- 3) _____
- 5) _____

Prel. Report: _____

Final Report: _____

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

___ S + RS, ___ SI

Photos

Others

TOTAL

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Business

Owner ID: 021J

Vehicle Details

Vehicle No.: YP2070D

Vehicle to be Exported: No

Intended Deregistration Date: 25 Jul 2019

Vehicle Make: MITSUBISHI

Vehicle Model: CANTER 3.0 M

Primary Colour: Silver

Manufacturing Year: 2015

Engine No.: 4P10B92409

Chassis No.: FEB50542898

Maximum Power Output: -

Open Market Value: \$37,154.00

Original Registration Date: 12 Apr 2016

First Registration Date: 12 Apr 2016

Transfer Count: 0

Actual ARF Paid: \$1,858.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 11 Apr 2026

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

PQP Paid: \$18,769.00

COE Rebate Amount: \$12,600.00

Total Rebate Amount: \$12,600.00

The information contained herein is correct as at 25 Jul 2019

OK