

Surveyor:

MARCUS

DOI:

ASSIGNMENT

16/08/2019

Date / Time : 16/08/2019

Registered in Merimen: 16/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SMN 1345X

Name of Insured : HAO CHENGHAO

Insured Tel No. : HP: +65-81618065

Excess Sec II :S\$ D.O.A: 13/08/2019

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. : 8830383298SG

Policy No. : 1900138090

Make / Model : SUBARU IMPREZA 4D-2.0

Place of Accident : GSE&C T301 SITE OFFICE

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

Insured Liability : % Final ? Yes / No

GBF 2974X

INSRS:
WSP: SOC LEON
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	GBF 2974X - X	SMN 1345X - 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\$	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 ☐	Call ☐
Payee 1:	S\$	Name 1:		
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:

0167

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: GBF2974X
at Workshop m/s Soc Leon
of _____
Insured: SMN1345X
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 Report: _____ Consistent?: Yes or No
GIA / PR Seen: 1 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: GBF2974X Yr Regn: 8/16
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or (in)
Make: Nissan NP300 NAVARA 2298
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 26318 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MNTCB4D23E0000038
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 / Rim or
Tyre Size: F: 245/70R15
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Maxtrek
Front _____ Rear _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. _____ mm L/Bal. _____ mm
D.O.A. 13/8/19 16/8/19
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S 304
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

27th 21638
1/5 @ 1200

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS, SI
☐ : Interview (\$ _____) ☐ : Photos
☐ : Tech. Invs (\$ _____) ☐ : Others
☐ : Weekend (\$ _____)

Report Format :

Lump Sum / I.B.I. (\$) _____

TOTAL

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	236N
Vehicle Details	
Vehicle No.:	GBF2974X
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Aug 2019
Vehicle Make:	NISSAN
Vehicle Model:	NP300 NAVARA D/CAB 6MT
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	YS23309446A
Chassis No.:	MNTCB4D23Z0000038
Maximum Power Output:	-
Open Market Value:	\$26,518.00
Original Registration Date:	27 Aug 2016
First Registration Date:	27 Aug 2016
Transfer Count:	0
Actual ARF Paid:	\$29,126.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Aug 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$30,794.00
COE Rebate Amount:	\$21,638.00
Total Rebate Amount:	\$21,638.00

The information contained herein is correct as at 16 Aug 2019

OK