

Surveyor:

Stacey

DOI:

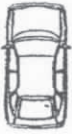
ASSIGNMENT

27/8/19

Date / Time : 21/08/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : FBM5098T

Claim No. : S9M01XS2

Name of Insured : PARAMESWARAN PRASHOBAN

Policy No. : VMX/P2223974

Insured Tel No. : _____ HP: +65-83956113

Make / Model : YAMAHA FZN150

Excess Sec II : \$\$ D.O.A : 13/08/2019 09:10

Place of Accident : SLE TWDS BKE

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

GZ 8820C



INSRS: WSP: WENG KEE MOTOR
Tel : _____
Liability : _____
RMKS: _____



INSRS: WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	GZ 8820C - X	FBM 5098T - 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)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr 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"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____				
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost:	S\$ _____	(_____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>				
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[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 <input type="checkbox"/> Call <input type="checkbox"/>				
Payee 1:	S\$ _____	Name 1:		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		

To check PRS (O.S.)

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	963C
Vehicle Details	
Vehicle No.:	GZ8820C
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Aug 2019
Vehicle Make:	NISSAN
Vehicle Model:	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	K9KC400D054240
Chassis No.:	VSKYBAM20Z0093743
Maximum Power Output:	-
Open Market Value:	\$20,544.00
Original Registration Date:	04 Aug 2015
First Registration Date:	04 Aug 2015
Transfer Count:	0
Actual ARF Paid:	\$1,028.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	03 Aug 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$40,783.00
COE Rebate Amount:	\$24,206.00
Total Rebate Amount:	\$24,206.00

The information contained herein is correct as at 27 Aug 2019

OK

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Enquire PARF/COE Rebate for Registered Vehicle

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Owner ID Type:	Company
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PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	03 Aug 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$40,783.00
COE Rebate Amount:	\$24,272.00
Total Rebate Amount:	\$24,272.00

The information contained herein is correct as at 21 Aug 2019

OK