

ASSIGNMENT

Surveyor: **KENNETH**

DOI: **04/10/2019**

Date / Time : **02/10/2019**

Registered in Merimen: **—**

Pre-assign / CCU / FTE

	Insured Vehicle No. : GBG 6674E	Claim No. : DM19HO02650-JG
	Name of Insured : J2 CONSULTANT PTE LTD	Policy No. : DMCPHQ18-006535
	Insured Tel No. : _____ HP: _____	Make / Model : TOYOTA DYNA 150-3.0 D 5MT (M)
	Excess Sec II :S\$ _____ D.O.A. : 20/09/2019 16:00	Place of Accident : BARTLEY ROAD TOWARDS BRADDELL ROAD
	Is driver the owner? (YES / NO) Nature of Accident : _____	

If NO, Driver Name / Age : **LEE WING HOON** OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : **+65-91298936** (V/L: YES / NO) Insured Liability : % Final ? Yes / No

YN 6902M GY 4571C → **GBG 6674E** → FX 1394J → SKS 2284D



INSRS:
WSP:
Tel:
Liability :
RMKS:



INSRS:
WSP:
Tel:
Liability :
RMKS: OI



INSRS:
WSP: KIM KEAT
Tel:
Liability :
RMKS: TP



INSRS:
WSP:
Tel:
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBG6674E - CC4/AIG19008606/Upa3q2; DOA: 13/05/19	Non-Reporting ltr (1st):	
	- CS3/EQ118003753/T1d3s2; DOA: 17/02/18	Non-Reporting ltr (2nd):	
	FX 1394J - NA/MSG19016681/z4 ; DOA: 20/09/19	Non-Reporting ltr (Final):	
	- NA/MSG16005927/h4; DOA: 22/3/16	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 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: _____

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	919I
Vehicle Details	
Vehicle No.:	FX1394J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	02 Oct 2019
Vehicle Make:	VESPA
Vehicle Model:	EXCEL 150
Primary Colour:	Silver
Manufacturing Year:	2002
Engine No.:	VLX1M891192
Chassis No.:	MH2S1X2BA2K346238
Maximum Power Output:	-
Open Market Value:	\$2,090.00
Original Registration Date:	03 Sep 2003
First Registration Date:	03 Sep 2003
Transfer Count:	1
Actual ARF Paid:	\$314.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Aug 2023
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$1,683.00
COE Rebate Amount:	\$658.00
Total Rebate Amount:	\$658.00

The information contained herein is correct as at 01 Oct 2019

OK