

ASSIGNMENT

Surveyor:

TAUFIKH

DOI: 05/11/2019

Date / Time : 04.11.2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SKR 1995Y

Claim No. : 19/19/19/VP05/022596

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$

D.O.A : 01/11/2019

Place of Accident : SIGLAP HILL

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

SJD 9668A

INSRS:
WSP: SIN SHENG

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SJD 9668A - X	Non-Reporting ltr (1st):	
	SKR 1995Y - CS/LPC19019414/R1sf3; DOA: 01.11.19	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"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	S\$	(days) Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	Email <input type="checkbox"/> Call <input type="checkbox"/>
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\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

ASS. REC. BY: TanphREF: UPC

ASSIGNMENT

CoE 2028 April

From: _____

Date: 05/11/19

Estimated Cost: _____

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

To Inspect Vehicle No: SJD 9668Aat Workshop m/s Sin Shengof No 8 Tuas Ave 18

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.

Bal. or Market Value: 844k

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: SJD 9668AYr Regn: 2008, AprilType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Fit 1.3c.c 1339Colour: BlueA/C: Insured / Std / NI / NASp. Reading: 253473T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GE 61019020Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205R: 205

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 5/11/19Survey held at Sin ShengDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Rebate \$ 32,756

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Enquire Vehicle Registration Details

Owner Particulars	
NRIC/Passport/Company Cert No.:	199305010H
Owner ID Type:	Company
Owner Name:	BOK SENG LOGISTICS PRIVATE LIMITED
Registered Address:	5 TUAS AVENUE 3 SINGAPORE 639405
Mailing Address:	-
Birth Date:	-
Vehicle Particulars	
Vehicle No.:	SJD9668A
Previous Vehicle No.:	-
Effective Date of Ownership:	02 Nov 2016
Original Regn Date:	10 Apr 2008
Registration Date:	10 Apr 2008
Year of Manufacture:	2008
Vehicle Type:	Passenger (Co) Company Car (Single Rate)
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	HONDA
Vehicle Model:	FIT 1.3G A
Primary Colour:	Blue
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	GE61019020
Engine No.:	L13A4021810
Engine Capacity / Power Rating:	1339 cc / -
Maximum Power Output:	73.0 kW (97 bhp)
Propellant:	Petrol
Max Unladen Weight:	1010 kg
Maximum Laden Weight:	1285 kg
Open Market Value:	\$12,770.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	2
IU Label No.:	1027987354
COE No.:	2008030101001412Z
COE Expiry Date:	09 Apr 2028
COE Category:	A - Car (1600cc & below)
COE Registration Category:	A - Car (1600cc & below)
Quota Premium (QP) / Prevailing Quota Premium:	\$12,002.00 / -
PQP Paid:	\$38,655.00
QP (Regn Cat):	\$12,002.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$12,002.00
Additional Registration Fee Rate:	110.00 %
Actual ARF Paid:	\$14,047.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category A.

Print

OK

Save as PDF