

ASS. REC. BY:

REF: AIG/

20460 (107)

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Cheng Hoe
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: CBH 4856E Yr Regn: 06, 18
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota c.c. 2982
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 37019 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTFH T02P00243058
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: M1 / S/Rim / STD A/Rim or

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 03 days Res.: Yes or No
 Lum Sum: 1-B.1 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Tyre Size: F: 195 R15 X 8
 R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. 7 mm Rear R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 6/11/19 D.O.I. 3/12/19
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S 1st
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>File pass to</u>

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trlp: _____

1) _____
 Date/Time, File Return to?

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + RS. SI _____
 Fuel/Bus _____
 Others _____
 TOTAL _____

Report Format : _____
 Lump Sum / I.B.I: (\$ _____)

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	439J
Vehicle Details	
Vehicle No.:	GBH4856E
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Nov 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 4DR AT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	1KD2806094
Chassis No.:	JTFHT02P000243058
Maximum Power Output:	-
Open Market Value:	\$29,256.00
Original Registration Date:	18 Jun 2018
First Registration Date:	18 Jun 2018
Transfer Count:	0
Actual ARF Paid:	\$1,463.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	17 Jun 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$27,280.00
COE Rebate Amount:	\$23,483.00
Total Rebate Amount:	\$23,483.00

The information contained herein is correct as at 08 Nov 2019

OK