

**ASSIGNMENT**

Surveyor:

**KENNETH**DOI: **09/12/2019**Date / Time : **02.12.2019**Registered in Merimen: **02.12.2019**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKV 4091P**Claim No. : **2075190279SG**Name of Insured : **DAIMLER FLEET MANAGEMENT SINGAPORE PL**

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$

D.O.A : **29/11/2019 13:55**Place of Accident : **ALONG CTE SLIP RD TOWARDS  
YIO CHU KANG RD**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****SGN 5708C**INSRS:  
WSP: **LIM TAN**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SGN 5708C - X	SKV4091P - 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"/>
			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"/>

<b>PRELIMINARY ADVICE</b>		Date/Time:	Sent By:	
<b>FINALIZATION</b>		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	( days)	Reduction:	%
<b>FINAL SETTLEMENT</b>		Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		
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\$			
<b>Total:</b>	S\$	<b>Global Sum S\$:</b>		
<b>FINAL PAYMENT</b>		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:		

ASS. REC. BY:

REF:

AZG

## ASSIGNMENT

From:

Date:

9.12.2019

Estimated Cost:

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

To inspect Vehicle No:

SGN 5708C

at Workshop m/s

Lim Tan Motor

of

Blk 176 San Ming Drive #03-09

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

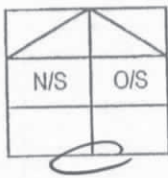
(Client's Record)

Make of Veh:

Aster 10.500.00

(Policy Condition)

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



Bal. or Market Value:

814/c

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4-5

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

11/21

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SGN 5708C

Yr Regn:

11, 06

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toy Vios

C.C

1487

Colour

M.L. Green

A/C: Insured / Std / NI / NA

Sp. Reading

182028

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR05314Y4204210577

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 A/Rim or

Tyre Size:

F:

175/65R14

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

29/11/19

D.O.I.

9/12/19

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Form:

Lump Sum / F.B. / C.

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	424E
Vehicle Details	
Vehicle No.:	SGN5708C
Vehicle to be Exported:	Yes
Intended Deregistration Date:	29 Nov 2019
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5E A
Primary Colour:	Silver
Manufacturing Year:	2006
Engine No.:	1NZX499496
Chassis No.:	MR053HY4204210577
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$12,237.00
Original Registration Date:	22 Nov 2006
First Registration Date:	22 Nov 2006
Transfer Count:	1
Actual ARF Paid:	\$13,461.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	21 Nov 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$25,821.00
COE Rebate Amount:	\$10,227.00
<b>Total Rebate Amount:</b>	<b>\$10,227.00</b>
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 29 Nov 2019

OK