

ASSIGNMENTSurveyor: **STEVE**DOI: **05/12/2019**Date / Time : **05/12/2019**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **PC 7024E**Claim No. : **SNM19D205787**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$

D.O.A : **03/12/19 15:45**Place of Accident : **BOON TIONG SLIP ROAD**

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****SHD 2306P**INSRS: **WSP: PRIME AUTO**

Tel : _____

Liability : _____

RMKS: _____

INSRS: **WSP:**

Tel : _____

Liability : _____

RMKS: _____

INSRS: **WSP:**

Tel : _____

Liability : _____

RMKS: _____

INSRS: **WSP:**

Tel : _____

Liability : _____

RMKS: _____

Date/ Time	SHD 2306P - CS/TP10000448/Kcn; DOA: 28.11.09 PC 7024E - 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)	☐
		After call ltr to OI:	☐
		Authorisation To Act:	☐
		Release Voucher:	☐
		Final Repair Bill:	☐
		Car Rental Invoice:	☐
		Towing Invoice	☐
		LTA / GIA :	☐
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☐
		LOD	☐
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

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. :
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\$	
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:

Surveyor

Steve

REF:

244716

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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.

N/S	O/S
XX	

Bal. or Market Value:

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

Date / Time

Action / Instruction

MV-59K

Veh No:

SHO 2306 P

Yr Regn:

4/1/17

Type: ☒ Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☒ (Tax) / ☐ Prime Mover /

Truck / Traller or

Make:

Ford Axio

c.c

1496

Colour

Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

190678

T/Radio: Insured / Std / NI / NA

Eng/No:

CiNo:

NKE 1657138176

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

175/65R15

R:

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

TOYO / YOKO or

Front

R/Bal.

5

mm

Rear

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

3/12/19

D.O.I.

5/12/19

Survey held at

Prime

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, File Pass to?

☐

: Proll. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

)

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	293Z
Vehicle Details	
Vehicle No.:	SHD2306P
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Dec 2019
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA AXIO HYBRID 1.5 CVT
Primary Colour:	Brown
Manufacturing Year:	2016
Engine No.:	1NZR438559
Chassis No.:	NKE1657138176
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$23,846.00
Original Registration Date:	04 Jan 2017
First Registration Date:	04 Jan 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Jan 2025
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	03 Jan 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$40,516.00
COE Rebate Amount:	\$25,717.00
Total Rebate Amount:	\$29,467.00
Message	
Please note that the 8-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 05 Dec 2019

OK