

ASSIGNMENT

Surveyor:

RASULDOI: **17/12/19**Date / Time : **17/12/2019**Registered in Merimen: **/12/2019**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SJA 292A**Claim No. : **0154260911SG**Name of Insured : **T M ANSARI**

Policy No. :

Insured Tel No. : HP: **+65-94526886**Make / Model : **SUBARU FORESTER-2.0 I-L (SJ) (A)**Excess Sec II :S\$ D.O.A : **12/12/2019 17:50**Place of Accident : **PIE BEFORE KPE (ECP) EXIT**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

SKA 4300YINSRS:
WSP: **TEAMWORK**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKA 4300Y - NA/LIP18021590/z4; DOA:27.11.18 SJA 292A NA/LIP19021969/z4; DOA: 12.12.19 - CS/OAC09009553/Kfr1; DOA: 30.04.09		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:	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:		

ASS. DEC. BY:

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SKA 43004

at Workshop m/s TEAMWORK GARAGE

of 53, WBI MK I H01-24

Insured: AIG

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: 23k

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:

SKA 43004

Yr Regn: 2011 / FEB

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

Truck / Trailer or

Make:

MAZDA 3 1.6L

C.C 1598

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

238343

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JM6BL10Z1A0159287

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:

185/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

12/12/19

D.O.I.

17/12/19

Survey held at

TEAMWORK

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

Rear n/s

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

Date / Time

Action / Instruction

Repair Unit 6k

Date/Time, File Pass to?



Preli. 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

Report Form:

Lump Sum / LBJ: G

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Week end (\$)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	722Z
Vehicle Details	
Vehicle No.:	SKA4300Y
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Dec 2019
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 1.6L SDN
Primary Colour:	Grey
Manufacturing Year:	2010
Engine No.:	Z6872289
Chassis No.:	JM6BL10Z1A0159287
Maximum Power Output:	77.0 kW (103 bhp)
Open Market Value:	\$20,698.00
Original Registration Date:	28 Feb 2011
First Registration Date:	28 Feb 2011
Transfer Count:	2
Actual ARF Paid:	\$20,698.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Feb 2021
PARF Rebate Amount:	\$11,383.00
Intended COE Rebate Details	
COE Expiry Date:	27 Feb 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$42,999.00
COE Rebate Amount:	\$5,118.00
Total Rebate Amount:	\$16,501.00

The information contained herein is correct as at 19 Dec 2019

OK

23,000
16,501

6,499