

ASSIGNMENT

Surveyor:

TAUFIKH

DOI: 20/12/2019

Date / Time : 20/12/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 8810B

Claim No. : D19007842MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-19092579MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI I40-1.7 D CRDI (A)

Excess Sec II :S\$ _____ D.O.A : 10/12/2019 16:55

Place of Accident : ALONG BISHAN STREET 13

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : TAN YU SENG

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-96866078

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

PA 4750Y

INSRS:
WSP: EM-1 AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	PA 4750Y - NBA/AIG15021343/T1; DOA: 11.12.15 SHA 8810B - 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"/>

PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost:	S\$ (days) Reduction:	%	Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>
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\$	If NO or B 28, Ass. Lia :	
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\$	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 <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:

Tang M

REF:

FCI

ASSIGNMENT

CE 2024 April

From:

Date:

20/12/11

Estimated Cost:

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

To Inspect Vehicle No:

PA 4750Y

at Workshop m/s

EM-1 Solution

of Blk 8 Sin Ming Ind. Est. Sec. C # 01-68

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

Bal. or Market Value:

A60K.

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 ^(up)

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

PA 4750Y

Yr Regn:

2004 June

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

Truck / Trailer or

Make:

Mitsubishi BE 639

c.c

3908

Colour:

yellow

A/C:

Insured / Std / NI / NA

Sp. Reading

817394

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

BE 639JD 00105

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215 / 75R17.5

R:

1 1 (7)

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

TOYO / YOKO or

Fullen

Front

Rear

R/Bal.

6

mm

R/Bal.

6/6

mm

L/Bal.

6

mm

L/Bal.

6/6

mm

D.O.A.

D.O.I.

20/12/11 0315p

Survey held at

EM-1 Solution

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

o/s Rear

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

Date / Time

Action / Instruction

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 Format :

Lump Sum / LBJ: (\$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

1st Cap
LKL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business

Owner ID: 394M

Vehicle Details

Vehicle No.: PA4750Y

Vehicle to be Exported: No

Intended

Deregistration Date:

18 Dec 2019

Vehicle Make: MITSUBISHI

Vehicle Model: BE639JRMHDEA

Primary Colour: White

Manufacturing Year: 2004

Engine No.: 4D34J89067

Chassis No.: BE639JD00105

Maximum Power

Output:

-

Open Market Value: \$69,344.00

Original Registration

Date:

16 Jun 2004

First Registration Date: 16 Jun 2004

Transfer Count: 3

Actual ARF Paid: \$3,468.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry

Date:

-

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 30 Apr 2024

COE Category: C - Goods Vehicle &
Bus

COE Period(Years): 5

PQP Paid: \$13,380.00

COE Rebate Amount: \$11,685.00

Total Rebate Amount: \$11,685.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 18 Dec 2019

OK