

**ASSIGNMENT**

Surveyor: **MARCUS**

DOI: **13/01/2020**

Date / Time: **03.01.2020**

Registered in Merimen: **06.01.2020**

**Pre-assign / CCU / FTE**



Insured Vehicle No. : **SLM 3752H**  
 Name of Insured : **ASIA CARZ LEASING PTE LTD**  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **27/12/2019 15:00**  
 Is driver the owner? ( YES / **NO** ) Nature of Accident :

Claim No. : **6296541309SG**  
 Policy No. : **999994426**  
 Make / Model : **KIA FORTE K3**  
 Place of Accident : **CLEMENTI ROAD**

If **NO**, Driver Name / Age : **HONG KIN KWEE**  
 Driver Tel No. : **+65-92723732** (V/L: YES / NO)

OI GIA REPORT:  YES / NO ; TP GIA REPORT:  YES / NO  
 Insured Liability : % **Final ? Yes / No**

**PC 5514X**



INSRS:  
WSP: **THINK ONE**  
Tel : **AUTOCARE**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	PC 5514X - X	SLM 3752H - 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:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
			Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
			PIR:	<input type="checkbox"/> <input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
			LOD	<input type="checkbox"/> <input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>

**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\$ \_\_\_\_\_  
 Disbursement: S\$ \_\_\_\_\_ (e.g. Tow/ Independent )  
 Legal Cost S\$ \_\_\_\_\_  
 1) Claim status: Normal/Reject/Private Settle  
 2) Report Format:  
 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: \_\_\_\_\_

REF: MG

ASS. REC. BY:

**ASSIGNMENT**

From: \_\_\_\_\_ Date: 13/01/2020

Veh No: PC 5514X Yr Regn: 11/16  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Estimated Cost: \_\_\_\_\_

Truck / Trailer or Car

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

Make: Yutong 246938H C.C. 6690

To Inspect Vehicle No: PC 5514X  
at Workshop m/s think one Automobile

Colour: Green A/C: Insured / Std / NI / NA

of No. 18 De fu Avenue 2

Sp. Reading: 106076 T/Radio: Insured / Std / NI / NA

Insured: \_\_\_\_\_

Eng/No: \_\_\_\_\_

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

C/No: L24TCTD6861045040

Claims No. \_\_\_\_\_

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

Steering: in order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: in order / Jammed / Leaked / Burnt or

Make of Veh: \_\_\_\_\_

10am (waiting)

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

Tyre Size: F: 295 / 50 R 22.5

R: \_\_\_\_\_

(Policy Condition)

N/S	O/S

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

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

TOYO / YOKO or Double star

Bal. or Market Value: \_\_\_\_\_

Front 6 mm R/Bal. 6/6 mm

IDAC Accident Rport: \_\_\_\_\_ Consistent? : Yes or No

L/Bal. 6 mm L/Bal. 8/6 mm

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

D.O.A. 27/12/19 D.O.I. 13/1/20

Lum Sum: 20 % 3 Val.: Yes or No

Survey held at \_\_\_\_\_

CA / REV / REP. / 24 HRS <sup>1up</sup> LTA 31 266  
Vehicle: IN / OUT

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

O/S R.

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

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

Date / Time	Action / Instruction
<u>14/1/20</u>	<u>L/S @ 3750 confirmed with Michael</u>

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

Days Of Repair: \_\_\_\_\_  
Resurvey No. of Trip: \_\_\_\_\_

1) \_\_\_\_\_  
Date/Time, File Return to?

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

Survey Fee:	
Transportation:	
_____ S + RS, _____ SI	
Photos	
Others	
TOTAL	

Report Format: \_\_\_\_\_

Lump Sum / L.B.I: (\$) \_\_\_\_\_

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	704M
<b>Vehicle Details</b>	
Vehicle No.:	PC5514X
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jan 2020
Vehicle Make:	YUTONG
Vehicle Model:	ZK6938H AUTO
Primary Colour:	Green
Manufacturing Year:	2016
Engine No.:	ISB67E525022189647
Chassis No.:	LZYTCTD68G1045040
Maximum Power Output:	-
Open Market Value:	\$102,380.00
Original Registration Date:	23 Nov 2016
First Registration Date:	23 Nov 2016
Transfer Count:	0
Actual ARF Paid:	\$5,119.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	22 Nov 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$45,589.00
COE Rebate Amount:	\$31,266.00
<b>Total Rebate Amount:</b>	<b>\$31,266.00</b>

The information contained herein is correct as at 13 Jan 2020

OK