

ASSIGNMENT

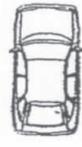
Surveyor: Marcus

DOI: 9/1/2020

Date / Time: 9/1/2020

Registered in Merimen: 9/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMG 6917A

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 9/1/2020

Place of Accident : _____

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

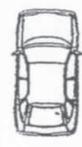
If NO, Driver Name / Age : _____

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

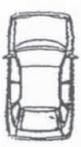
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

GBD 2973J →



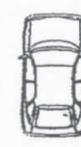
INSRS: _____
WSP: Fastech
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
<u>GBD 2973J : X ; SMG 6917A : X</u>	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"/> <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"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ (_____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <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\$ _____		
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: _____		

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **GBD2973J**
 at Workshop m/s: **24.**
 of: _____
 Insured: **SM66917A**
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **GBD2973J** /r Regn: **8114**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or **CM/**
 Make: **NISSAN NV200** c.c. **1461**
 Colour: **Grey** A/C: Insured / Std / NI / NA
 Sp. Reading: **74627** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **VSKYBAM2020087453**
 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

(Policy Condition)
 Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

Bal. or Market Value: **28k.**
 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

Tyre Size: F: **175/70R14**
 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. **9/1/20** D.O.I. **9/1/20**
 Survey held at _____

CA / REV / REP. / 24 HRS **153D**
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Ree n/s.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
015 Door n/c n/a 14478

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

Days Of Repair: _____

1) Date/Time, File Return to?

Resurvey No. of Trip: _____

Survey Fee: _____

2) _____

Transportation: _____

Report Format :

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

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

) S + RS SI
) Photos
) Others

TOTAL

ASSIGNMENT

From: Date: Estimated Cost: OD (TP) WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: GBD2973J at Workshop m/s of Insured: SM66917A Policy No. Claims No. Sum Insured: Excess: (Client's Record) Make of Veh:

Veh No: GBD2973J Fr Regn: P 14 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CM/ Make: NISSAN NV200 c.c 1461 Colour: Grey A/C: Insured / Std / NI / NA Sp.Reading: 74627 T/Radio: Insured / Std / NI / NA Eng/No: C/No: VSKYBAM2020087453 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: 175/70R14 R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

(Policy Condition) Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 28k. IDAC Accident Rpt: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Est. Repairs: 10 days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No

Front Rear R/Bal. 5 mm R/Bal. 5 mm L/Bal. 5 mm L/Bal. 5 mm D.O.A. 9/1/20 D.O.I. 9/1/20

CA / REV / REP. / 24 HRS 1530 Date: Person Contacted: net 13521 Vehicle: IN / OUT

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 20/1/20 1/5 @ \$100 confirmed with Alu

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

Days Of Repair: Resurvey No. of Trip:

Date/Time, File Return to? 1) 2)

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

Report Format : Lump Sum / I.B.I.: (\$)

Survey Fee:	
Transportation:	
Photos	
Others	
TOTAL	

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	153D
Vehicle Details	
Vehicle No.:	GBD2973J
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Jan 2020
Vehicle Make:	NISSAN
Vehicle Model:	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
Primary Colour:	Grey
Manufacturing Year:	2014
Engine No.:	K9KC400D053749
Chassis No.:	VSKYBAM20Z0087453
Maximum Power Output:	-
Open Market Value:	\$19,611.00
Original Registration Date:	29 Aug 2014
First Registration Date:	29 Aug 2014
Transfer Count:	0
Actual ARF Paid:	\$981.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Aug 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$31,244.00
COE Rebate Amount:	\$14,479.00
Total Rebate Amount:	\$14,479.00

The information contained herein is correct as at 09 Jan 2020

OK



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Nissan NV200

Price Range

Depreciation

2014

Vehicle Type

Submit

Advanced Search

Home » Used Cars » COE Auto Trading » Nissan NV200 1.5M

Nissan NV200 1.5M

Overview Financial Accessories Similar Research Photos Map

Price	\$28,800	Lifespan	17-Jul-2034
Depreciation ⓘ	\$6,370 /yr View models with similar depre	Reg Date	18-Jul-2014 (4yrs 6mths 8days COE left)
Mileage	N.A.	Manufactured ⓘ	2014
Road Tax ⓘ	N.A.	Transmission	Manual
Dereg Value ⓘ	\$18,998 as of today (change)	OMV ⓘ	\$19,611
COE ⓘ	\$42,001	ARF ⓘ	\$981
Engine Cap	1,461 cc	No. of Owners ⓘ	1
Curb Weight ⓘ	1,320 kg		
Type of Vehicle	Van		

Features

View specs of the Nissan NV200 (2011)

Accessories

Pioneer DVD Player With Reverse Camera & Sensor.

Description

1 Owner. New Paintwork. Timing Belt & Engine Oil Has Been Changed. Clean And Well Kept Interior & Exterior. Most Popular Mid Sized Van. Feel Free To Head Down For Viewing And Test Drive.

Category

Status

Available

Resources



Vehicle Evaluation

Afraid of lemons? Request to have this car evaluated professionally. Find out more



Car Valuation - Free

Find out the market value of your existing car for free. Get started



Location Map

Price Chart

Summary

Click on the point to view the vehicle

Shortlist

Compare

Add note

Report Error

More Actions

Seller Information

COE Auto Trading

30 vehicles for sale. 40 sold in past 3 mths

18 Sin Ming Lane #02-03
Midview City
Tel: 64589833 / 64571902

Posted on: 08-Jan-2020 | Last Updated on: 08-Jan-2020

Upfront Payment

» more Financial info

Transfer Fee ⓘ
Compare

\$25