

ASSIGNMENT

Surveyor:

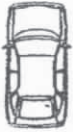
OI SUN PIN

DOI: 11/02/2020

Date / Time : 11/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SDM 9155L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 08/02/2020 20:20

Place of Accident : ORCHARD RD

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

SHB 1005A

INSRS:
WSP: SMRT, WL
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE		DATE / PIC
SHB 1005A - CC3/AIG19011693/Ekb3s2; DOA: 28.6.19 NA/INC14021594/r3; DOA: 18.11.14 NS/INC15007395/K1gbw2; DOA: 29.4.15 NS/INC15009570/K1gbq2; DOA: 6.6.15 NS/INC17022671/Sgbe2; DOA: 24.11.17	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:		☒
SDM 9155L - CC4/ASM19007360/Uwa3q2; SOA: 23.4.19 CS/CTI19019204/Avf3n2; DOA: 28.10.19 NA/AIG19007218/r3; DOA: 23.4.19	Release Voucher:		☒
	Final Repair Bill:		☒
	Car Rental Invoice:		☒
	Towing Invoice		☐
	LTA / GIA :		☒
	Medical Bill:		☐
	PIR:		☐
	Mandate/Reject Instruction:		☐
	LOD		☒
	Payment Breakdown Form:		☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		Post-Repair Photos: ☐	
Others: ☐		☐	
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		Email ☐ Call ☐	
Repair Cost: S\$ 750.00 (2 days) Reduction: %			
FINAL SETTLEMENT Date/Time: 11/5/2020 Confirm with Lee Gek		Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :	
Repair Cost: S\$ 750			
Loss of Rental (LOR): S\$ 314.58 (3 days) X \$104.86			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ 150 (\$ 50 x 3 days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search S\$ 7.00			
Medical: S\$		1) Claim status: Normal/Reject/Private Settle	
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$		3) Survey fee: \$400	
Total: S\$ 1,221.58 Global Sum S\$:			
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email ☐ Call ☐	
Payee 1: S\$ 1,220.00 Name 1: SMRT TAXIS PTE LTD			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			

ASS. REC. BY: Sun Pin

REF:

CTI

ASSIGNMENT

From: _____ Date: 11/02/2020

Estimated Cost: _____

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

To Inspect Vehicle No: SHB 1005Aat Workshop m/s SMRTof woodlands Depot

Insured: _____

Policy No. _____

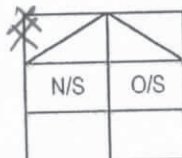
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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 ^{imp}

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHB1005A Yr Regn: 07/05/2014

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

Truck / Trailer or

Make: Toyota Prius C.C. 1795Colour: Maroon A/C: Insured / Std / NI / NASp. Reading: 815174 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTPKN364405741826

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: 195/65 R15R: 195/65 R15

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

TOYO / YOKO or Neuton

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 08/02/2020D.O.I. 11/02/2020Survey held at SMRTDes. 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

TP

TAX / 02 / 20 / 2020

SDM 91554

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.I. G

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHB1005A
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Feb 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR6013895
Chassis No.:	JTDKN36U405741826
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,120.00
Original Registration Date:	07 May 2014
First Registration Date:	07 May 2014
Transfer Count:	0
Actual ARF Paid:	\$8,368.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 May 2022
PARF Rebate Amount:	\$5,857.00
Intended COE Rebate Details	
COE Expiry Date:	06 May 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$60,414.00
COE Rebate Amount:	\$16,882.00
Total Rebate Amount:	\$22,739.00
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 11 Feb 2020

OK