

INS. CASE OWNER:

CC 4/111 2000 3292 / Kgs3

ASSIGNMENT

Surveyor:

Kenneth

DOI:

27/2/2020

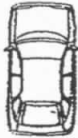
Date / Time :

27/2/2020

Registered in Merimen:

27/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC8482D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 26/2/2020

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. :

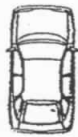
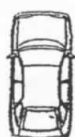
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

GBF7673G

INSRS:
WSP: cheng Hae
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBF7673G : X	Non-Reporting ltr (1st):	
	SHC8482D : CC4/AXA17010144 / M/ga3, DUA: 20/5/17	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
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)		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$		2) Report Format:
Total:	S\$	Global Sum S\$:	3) Survey fee:
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. REC. BY:

REF: TU /

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

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: 04 days

Res.: Yes or No

Lum Sum: 1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: GBF 76736Yr Regn: 02, 17

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

Truck / Traller or _____

Make: M/S NV200c.c. 1597Colour: M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 72849

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VM20

101784

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or 19m189

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 26/2/20D.O.I. 27/2/2020

Survey held at _____

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

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS. SI

Fees

Others

TOTAL

Report Format :

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	856K
Vehicle Details	
Vehicle No.:	GBF7673G
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Feb 2020
Vehicle Make:	NISSAN
Vehicle Model:	NV200 DX-2 1.6 AUTO
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	HR16078240D
Chassis No.:	VM20101784
Maximum Power Output:	-
Open Market Value:	\$19,592.00
Original Registration Date:	27 Feb 2017
First Registration Date:	27 Feb 2017
Transfer Count:	0
Actual ARF Paid:	\$980.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Feb 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$19,139.00
COE Rebate Amount:	\$13,397.00
Total Rebate Amount:	\$13,397.00

The information contained herein is correct as at 26 Feb 2020

OK