

INS. CASE OWNER:

Surveyor:

XING GUO QIANG

DOI:

ASSIGNMENT  
28/02/2020

Date / Time : 28/02/2020

Registered in Merimen: 02/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMS 1964H

Claim No. : \_\_\_\_\_ X

Name of Insured : \_\_\_\_\_

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

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 24/02/2020 15:25

Place of Accident : WOODLANDS STREET 41

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

PC 6310K

INSRS: TAN LIM  
WSP: MOTOR  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	PC 6310K - X	SMS 1964H - 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"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____				
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost: S\$ _____ ( _____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>				
<b>FINAL SETTLEMENT</b> 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\$: _____				
<b>FINAL PAYMENT</b> 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: 28/2/2020

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

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

To Inspect Vehicle No: PC 6310K

at Workshop m/s Tan Lim Motor

of 1 Defu lane 6

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

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

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

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

(Client's Record)

Make of Veh: 10:30 am (working)

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

(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: 3 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 1 up

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: PC 6310K Yr Regn: 04 Aug 2017

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

Truck / Trailer or

Make: Toyota Hiace c.c. 2982

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

Sp. Reading: 139784 T/Radio: Insured / Std / NI / NA

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

C/No: KDH2230033206

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 R15

R: 11

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

TOYO / YOKO or

Front 6 mm R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. \_\_\_\_\_ D.O.I. 28-02-20

Survey held at w/s 10:30

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

N/S RT

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) \_\_\_\_\_

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

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

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS, SI

Photos

Others

TOTAL

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	182X
<b>Vehicle Details</b>	
Vehicle No.:	PC6310K
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Feb 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 3.0 AUTO
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	1KD2732119
Chassis No.:	KDH2230033206
Maximum Power Output:	-
Open Market Value:	\$41,553.00
Original Registration Date:	04 Aug 2017
First Registration Date:	04 Aug 2017
Transfer Count:	1
Actual ARF Paid:	\$2,078.00
<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:	03 Aug 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$38,501.00
COE Rebate Amount:	\$28,648.00
<b>Total Rebate Amount:</b>	<b>\$28,648.00</b>

The information contained herein is correct as at 25 Feb 2020

OK



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### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business
Owner ID:	182X
Vehicle No.:	PC6310K
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER GL 3.0 AUTO
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	1KD2732119
Chassis No.:	KDH2230033206
Maximum Power Output:	-
Open Market Value:	\$41,553.00
Original Registration Date:	04 Aug 2017
First Registration Date:	04 Aug 2017
Transfer Count:	1
Actual ARF Paid:	\$2,078.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	03 Aug 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$38,501.00
COE Rebate Amount:	\$28,575.00
<b>Total Rebate Amount:</b>	<b>\$28,575.00</b>

The information contained herein is correct as at 01 Mar 2020

OK