

ASSIGNMENT

Surveyor: XING GUO QIANG DOI: 03/03/2020 Date / Time : 03/03/2020
Registered in Merimen:

Pre-assign / CCU / FTE

	Insured Vehicle No. :	GBA 9577P		Claim No. :	
	Name of Insured :			Policy No. :	
	Insured Tel No. :		HP: _____	Make / Model :	
	Excess Sec II :S\$		D.O.A : 28/02/2020 17:15	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

The diagram illustrates the flow of information from the SLL 3237J to the INSRS, WSP, Tel, Liability, and RMKS for the GREEN FOREST AUTOMOBILE. The flow is shown as a sequence of steps connected by arrows, with each step represented by a car icon and a list of fields.

```

graph LR
    SLL[SLL 3237J] --> Step1[INSRS:  
WSP: GREEN FOREST  
Tel: AUTOMOBILE  
Liability:  
RMKS:]
    Step1 --> Step2[INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:]
    Step2 --> Step3[INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:]
    Step3 --> Step4[INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:]
    
```

Date/ Time	GBA 9577P - CC6/CTI18022587/Ueb3n2 ; 14/12/2018 NBA/TMI19012030/Y ; 05/07/2019 SLL 3237J - 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"/> <input type="checkbox"/>
			After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
			Final Repair Bill:	<input checked="" 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 checked="" 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 checked="" 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\$ 1,700.00 (5 days) Reduction: 82 %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT	Date/Time: 12/08/2020	Confirm with Chris	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST)	S\$ 1,819.00			
Loss of Rental (LOR):	S\$ - (days)			
Loss of Use (LOU):	S\$ 350.00 (\$ 50 x 7 days)			
Loss of Income (LOI):	S\$ - (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> (Tick only one)			
GIA/LTA Search	S\$ 7.45			
Medical:	S\$ -		1) Claim status: Normal/ Private/Dispute Settlement	
Disbursement:	S\$ - (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$ -		3) Survey fee: \$400	
Total:	S\$ 2,176.45	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 2,176.45	Name 1:	Green Forest Automobile Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

ASS. REC. BY:

REF:

ASSIGNMENT

(-2029)

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Green Forest Auto

of _____

Insured: _____

Policy No. _____

Claims No. _____

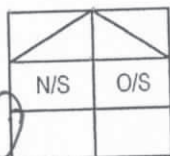
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: \$39k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SU 3237J Yr Regn: 17 Apr 2009Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or 1.6Make: Hyundai Avante c.c. 1591Colour: Maroon A/C: ☒ Insured / Std / NI / NASp. Reading: 280579 T/Radio: ☒ Insured / Std / NI / NA

Eng/No: _____

C/No: KMH DU 41 BR 9U 729375Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD / Rim orTyre Size: F: 195/65 R15R: 11

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

TOYO / YOKO or NEUTON

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. _____ D.O.I. 03-03-20Survey held at W/S 3pm

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

N/S Rear

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

Date / Time Action / Instruction

col: 23870

Date/Time, File Pass to?

☐ : Preli. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Report Format: _____

Lump Sum / L&B: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Insp (\$)☐ : Wheel end (\$)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	158J
Vehicle Details	
Vehicle No.:	SLL3237J
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Mar 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	HD AVANTE 1.6 A
Primary Colour:	Red
Manufacturing Year:	2009
Engine No.:	G4FC9U631384
Chassis No.:	KMH DU41BR9U729375
Maximum Power Output:	89.7 kW (120 bhp)
Open Market Value:	\$11,802.00
Original Registration Date:	17 Apr 2009
First Registration Date:	17 Apr 2009
Transfer Count:	2
Actual ARF Paid:	\$11,062.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Apr 2029
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$26,175.00
COE Rebate Amount:	\$23,870.00
Total Rebate Amount:	\$23,870.00

The information contained herein is correct as at 03 Mar 2020

OK

PARF/COE Rebate Enquiry

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Business

Owner ID:

158J

Vehicle Details

Vehicle No.:

SLL3237J

Vehicle to be Exported:

Yes

Intended Deregistration Date:

02 Mar 2020

Vehicle Make:

HYUNDAI

Vehicle Model:

HD AVANTE 1.6 A

Primary Colour:

Red

Manufacturing Year:

2009

Engine No.:

G4FC9U631384

Chassis No.:

KMHDU41BR9U729375

Maximum Power Output:

89.7 kW (120 bhp)

Open Market Value:

\$11,802.00

Original Registration Date:

17 Apr 2009

First Registration Date:

17 Apr 2009

Transfer Count:

2

Actual ARF Paid:

\$11,062.00

Intended PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

16 Apr 2029

COE Category:

A - Car (1600cc & below)

COE Period(Years):

10

PQP Paid:

\$26,175.00

COE Rebate Amount:

\$23,877.00

Total Rebate Amount:

\$23,877.00

The information contained herein is correct as at 02 Mar 2020

OK