

ASSIGNMENTSurveyor: GUO QIANGDOI: 18/03/2020Date / Time : 18/03/2020Registered in Merimen: 19/03/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SKN 136M

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 12/03/2020

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**GV 6622SINSRS:
WSP: RENO
Tel : performance
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | STAGE | DATE / PIC |
|---|------------------------------------|--|
| | GV 6622S - X | |
| | SKN 136M - X | |
| | 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"/> |
| | Post-Repair Photos: | <input type="checkbox"/> <input type="checkbox"/> |
| | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: | Sent By: | |
| 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) | 1) Claim status: Normal/Reject/Private Settle |
| Legal Cost | S\$ | 2) Report Format: |
| | | 3) Survey fee: |
| 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: |

ASS. REC. BY: 90

REF:

A19

ASSIGNMENT

From:

Date: 18.3.2020

Estimated Cost:

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

To Inspect Vehicle No: GV 66225

at Workshop m/s Revo Performance

of 1 Kaki Bukit Av 6 Autobay #10251

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

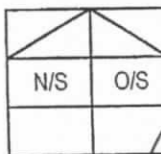
(Client's Record)

Make of Veh:

After 200pm

(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: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

"up"

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

GV66225

Yr Regn:

23 Nov 2018

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

Truck / Trailer or

Make:

Nissan NV200 1.5 c.c 1461

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading:

39990

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VSKYBAM2020172998

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

175/70 R14

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

18-03-20

Survey held at

w/s

4pm

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

Rear O/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Rep. Format:

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

Add Fee:

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------|-------------------------|
| Owner ID Type: | Business |
| Owner ID: | 055M |
| Vehicle Details | |
| Vehicle No.: | GV66225 |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 18 Mar 2020 |
| Vehicle Make: | NISSAN |
| Vehicle Model: | NV200 1.5 MT |
| Primary Colour: | Silver |
| Manufacturing Year: | 2018 |
| Engine No.: | K9KE628D623006 |
| Chassis No.: | VSKYBAM20Z0172998 |
| Maximum Power Output: | - |
| Open Market Value: | \$21,101.00 |
| Original Registration Date: | 23 Nov 2018 |
| First Registration Date: | 23 Nov 2018 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$1,056.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 22 Nov 2028 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| QP Paid: | \$28,501.00 |
| COE Rebate Amount: | \$24,732.00 |
| Total Rebate Amount: | \$24,732.00 |

The information contained herein is correct as at 18 Mar 2020

OK