15/5/2010

INS. CASE OWNER: CHAN Kian Chuan 68805444

CC4/ASM20004156/ Kga3

LKK:
IDAC: 164908

ASSIGNMENT

Surveyor: Kenneth DOI: 17/3/2020 Date / Time : 17/03/2020

Registered Perimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GBE 2293H

Name of Insured : TBSD PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : LIM SI [illegible] LENG

Driver Tel No. : +65-84338 [illegible]96 (V/L: YES / NO)

Claim No. S0M02I9G

Policy : P1859646

Make / Model : NISSAN NV350 PANEL VAN 2.5 5MT 5DR

D.O.A : 06/03/2020 16:45

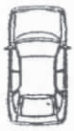
Place of Accident : ALONG CLEMENTI AVENUE 6

Nature of Accident :

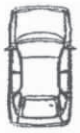
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SJD 8179B → → →



INSRS:
WSP: GUAN HIN MOTOR
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMK

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBE 2293H - C6/AXA17002735/Kpg3s2 , 06/02/2017
	CS/MSG16006268/R1gh3c2 ; 03/03/2016
	SJD 8179P CS/CAI13006607/Kqu2; 02.03.201

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)	☐	☐
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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
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: Kenneth | REF: ADA

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cavan Hin

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.

N/S	O/S

Bal. or Market Value: $35K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 11/27 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJD 8179B Yr Regn: 04, 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: MS Celerio c.c 1998

Colour M. Gold A/C: Insured / Std / NI / NA

Sp.Reading 28116 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNIBOUJ31Z03004O4

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/60R16

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	6/3/20	D.O.I.	19/3/2020

Survey held at ✓

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

Survey Fee:	
Transportation: $ _____ RS _____ SI	
Parking	
Others	
TOTAL	

> Back to OneMotoring

nquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	735C

Vehicle Details

Vehicle No.:	SJD8179B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	19 Mar 2020
Vehicle Make:	NISSAN
Vehicle Model:	CEFIRO 2.0
Primary Colour:	Silver
Manufacturing Year:	2007
Engine No.:	QR20697659A
Chassis No.:	JN1BDUJ31Z0300404
Maximum Power Output:	107.0 kW (143 bhp)
Open Market Value:	$24,477.00
Original Registration Date:	04 Apr 2008
First Registration Date:	04 Apr 2008
Transfer Count:	3
Actual ARF Paid:	$24,477.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

COE Expiry Date:	30 Nov 2027
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	$50,168.00
COE Rebate Amount:	$38,615.00
Total Rebate Amount:	**$38,615.00**

he information contained herein is correct as at 19 Mar 2020

OK