

Surveyor:

SLEW

DOI:

ASSIGNMENT

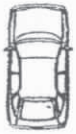
25/3/2020

Date / Time : 19/03/2020

Registered in Merimen: 19/03/2020

X

## Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 9221J

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

Name of Insured : PAN PACIFIC VAN &amp; TRUCK LEASING PTE LTD

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

Insured Tel No. : 62840827 HP: 87518500

Make / Model : TOYOTA HIACE-3.0 D TURBO 5 DR (M)

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 17/03/2020 13:40

Place of Accident : JUNCTION OF TAMPINES AVE 6 AND TAMPINES

Is driver the owner? ( YES / ☒ NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : NOORFADHILAH

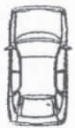
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : 87518500

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SKZ 226Z

INSRS:  
WSP: Performance  
Tel : Motors  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SKZ 226Z - X	GBG 9221J - 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:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
			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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
<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\$ _____			
<b>Total:</b>	S\$ _____	<b>Global Sum S\$:</b>		
<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:		

ASS. REC. BY:

Steve

REF: III

## ASSIGNMENT

From:

Date:

25.3.2020

Estimated Cost:

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

To Inspect Vehicle No:

SKZ 226Z

at Workshop m/s

Performance

of

303 Alexandra Road

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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

M<sup>a</sup>

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKZ 226Z

Yr Regn:

15/4/16

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

Truck / Trailer or

Make:

BMW XI

c.c

1499

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

818/1

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBAHS720 80P896331

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/50R18

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.

17/3/20

D.O.I.

25/3/20

Survey held at

Performance M<sup>o</sup>ts

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

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

Date / Time

Action / Instruction

M/V-96K

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.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:	Singapore NRIC
Owner ID:	634J
Vehicle Details	
Vehicle No.:	SKZ226Z
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Mar 2020
Vehicle Make:	B.M.W.
Vehicle Model:	X1 SDRIVE20I LED NAV HUD
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	F9551332B48A20A
Chassis No.:	WBAHS72080P896331
Maximum Power Output:	141.0 kW (189 bhp)
Open Market Value:	\$35,612.00
Original Registration Date:	15 Apr 2016
First Registration Date:	15 Apr 2016
Transfer Count:	0
Actual ARF Paid:	\$41,857.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Apr 2026
PARF Rebate Amount:	\$31,392.00
Intended COE Rebate Details	
COE Expiry Date:	14 Apr 2026
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$47,510.00
COE Rebate Amount:	\$28,458.00
<b>Total Rebate Amount:</b>	<b>\$59,850.00</b>

The information contained herein is correct as at 25 Mar 2020

OK