

ASSIGNMENT

Surveyor: **MARCUS** DOI: **06/04/2020** Date / Time: **06/04/2020**
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **WC 7550U**
Name of Insured : **G & W READY-MIX PTE LTD**
Insured Tel No. : _____ HP: _____
Excess Sec II : S\$ _____ D.O.A : **03.04.2020**
Is driver the owner? (YES / **NO**) Nature of Accident : _____

Claim No. : **S0M02KWH**
Policy No. : **P1858473**
Make / Model : _____
Place of Accident : **HOLLAND ROAD > ULU [PANDAN]**

If NO, Driver Name / Age :

Driver Tel No. :

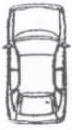
(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: **YES** / NOInsured Liability : % **Final ? Yes / No****SKH 5885H**

INSRS:
WSP: **FASTECH**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKH 5885H - X	WC 7550U - 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 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\$		1) Claim status: Normal/Reject/Private Settle	
Medical:	S\$		2) Report Format:	
Disbursement:	S\$	(e.g. Tow/ Independent)	3) Survey fee:	
Legal Cost	S\$			
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:		

(08/11/13) wef

ASS. REC. BY: Marius

REF:

AYA/

ASSIGNMENT

From: _____
Estimated Cost: _____

Date: _____

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

To Inspect Vehicle No: SKH 588514

at Workshop m/s Sp.

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:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: SKH 588514 Yr Regn: 1/612
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or CA

Make: Mer Benz C180 comp.c 1796

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

Sp. Reading: 40053 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2043492F881563

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/307219
R: 255/307219

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

Front 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 3/4/20 D.O.I. 6/4/20

Survey held at

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

LTA 42993 2yrs. Intr.
see 31-5-2022

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

TOTAL

Report Format :

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

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	151E
Vehicle Details	
Vehicle No.:	SKH5885H
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Apr 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C 180
Primary Colour:	White
Manufacturing Year:	2012
Engine No.:	27182030461545
Chassis No.:	WDD2043492F881563
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$41,806.00
Original Registration Date:	01 Jun 2012
First Registration Date:	01 Jun 2012
Transfer Count:	0
Actual ARF Paid:	\$41,806.00 20103
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 May 2022
PARF Rebate Amount:	\$25,083.00
Intended COE Rebate Details	
COE Expiry Date:	31 May 2022
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$83,700.00
COE Rebate Amount:	\$17,910.00
Total Rebate Amount:	\$42,993.00

The information contained herein is correct as at 06 Apr 2020

OK