15/5/2010

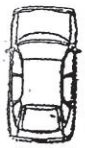
INS. CASE OWNER: Clara | CC 4 / FWD17023494 / Ueq3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 11/12/17 Date / Time : 11/12/17

Registered in Merimen: 11/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SKC 4916K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 11/10/17 Place of Accident :

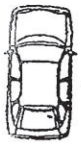
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

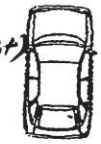
Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

FS 8074M → → →

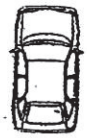


INSRS:
WSP: Enola (Kadi Sulit)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FS 8074M - X ; SKC 4916K - 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)	☐	☐
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:	

(08/11/20)

Surveyor Marcus

REF: FWD/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FS8074M

at Workshop m/s Enfia

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 Rport: _____ 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 31/10/2020

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: FS8074M Yr Regn: 1/00

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

Make: PIAGGIO PX200E c.c 198

Colour Green A/C: **Insured / Std / NI / NA**

Sp.Reading 10378 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: VSX1T600884OO

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: 3.50-10

R: —

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	11/10/17	D.O.I.	11/11/17

Survey held at _____

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

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

Date / Time	Action / Instruction
	3 yrs. LTA 44Y

Date/Time, File **Pass** to? 1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File **Return** to? 2) _____

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____ S / RS / SI

Photos _____

Others _____

TOTAL _____

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Singapore NRIC
Owner ID	6536Z

Vehicle Details

Vehicle No.	FS8074M
Vehicle to be Exported	No
Intended De-registration Date	11 Dec 2017
Vehicle Make	PIAGGIO
Vehicle Model	PX 200E
Primary Colour	Green
Manufacturing Year	2000
Engine No.	VSE1M409511
Chassis No.	VSX1T6008400
Maximum Power Output	-
Open Market Value	$2,395.00
Original Registration Date	22 Nov 2000
First Registration Date	22 Nov 2000
Transfer Count	3
Actual ARF Paid	$360.00

Intended PARF Rebate Details

PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	$0.00

Intended COE Rebate Details

COE Expiry Date	31 Oct 2020
COE Category	D - Motorcycle
COE Period(Years)	10
PQP Paid	$1,353.00
COE Rebate Amount	$444.00
Total Rebate Amount	**$444.00**

The information contained herein is correct as at 11 Dec 2017

OK