

INS. CASE OWNER:

Bernard

CC 4/AIG170 236931 Uha3

LKK:

IDAC:

Surveyor:

MARCUS

DOI:

ASSIGNMENT

18/12/17

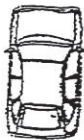
Date / Time:

13/12/17

Registered in Merimen:

13/12/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

9TF 36465

Name of Insured:

MICHAEL CASTRO DELA CRUZ

Insured Tel No.:

HP: 97925781

Excess Sec II :SS

D.O.A: 02/09/17

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: MARZA EDLYN BAGUI DELA CRUZ

Driver Tel No.:

(VIA YES / NO)

Claim No.:

0848011294SG

Policy No.:

2100313925

Make / Model:

HONDA STREAM 1.8L A

Place of Accident:

U TURN ALONG PASIR PANJAN ROAD

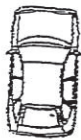
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

FBE 10306



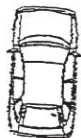
INSRS:

WSP: Erofa motor

Tel:

Liability:

RMKS:



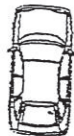
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

FBE 10306 - NA/MSG10013310/CL DUA: 06/07/19
 9TF 36465 - NA/MSG17017783/Y DUA: 02/09/17
 9TF 36465 - NA/MSG17017783/Y DUA: 02/09/17

21/12/17 (vic)

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:

Repair Cost:

S\$

(days) Reduction:

%

Confirm by:

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

Email

Call

Repair Cost:

S\$

If NO or B 28, Ass. Lia:

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\$

Disbursement:

S\$

Legal Cost

S\$

(e.g. Tow/Independent)

Total:

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

FINAL PAYMENT

Date/Time:

Global Sum S\$:

Confirm with:

Payee 1:

S\$

Email

Call

Payee 2: (Strike if N.A.)

S\$

Name 1:

Payee 3: (Strike if N.A.)

S\$

Name 2:

Name 3:

REF: AIG

ASSIGNMENT

From: _____ Date: 13/12/17
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: FBE1030G
 at Workshop m/s Erofia Motor
 of 1 kaki Bukit Ave 6 #02-62
 Insured: _____
 Policy No. SJP36465
 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: 2200
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PB Seen: e 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 'wp'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBE1030G Yr Regn: 11 09
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Flonde Tiger cc 197
 Colour: Black A/C: _____ Insured / Std / NI / NA
 Sp. Reading: 44335 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MH1MC22179K043160
 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: - 80-90-18
 R: 40-90-18

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

Front 6 mm Rear 6 mm
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 2/8/17 D.O.I. 18/12/17
 Survey held at _____

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

Rear & 1/5 body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction LTA 164

19/12/17 Confirmed & \$1100 with MR 120 -

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: _____

Add Fee: ☐

Site Insp (\$ _____)

Interview (\$ _____)

Tech. Insp (\$ _____)

Weekend (\$ _____)

S - RS - SI

Photos

Others

Report Format: _____

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

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1697B
Vehicle Details	
Vehicle No.:	FBE1030G
Vehicle to be Exported:	No
Intended De-registration Date:	19 Dec 2017
Vehicle Make:	HONDA
Vehicle Model:	TIGER GL200R M
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	MC22E1043107
Chassis No.:	MH1MC22179K043160
Maximum Power Output:	-
Open Market Value:	\$3,429.00
Original Registration Date:	25 Nov 2009
First Registration Date:	25 Nov 2009
Transfer Count:	2
Actual ARF Paid:	\$515.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	24 Nov 2019
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$851.00
COE Rebate Amount:	\$164.00
Total Rebate Amount:	\$164.00

The information contained herein is correct as at 19 Dec 2017

OK