15/5/2010

INS. CASE OWNER: CC6 / LCR1800052 / UJS3

LKK:

IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 17/01/18 Date / Time: 17/01/18

Registered in Merimen: 17/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLJ 4428D

Name of Insured : LCR

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

D.O.A : 07/01/18

Place of Accident :

Nature of Accident :

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

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

FBL 7524Y → → →

INSRS:
WSP: Ban Hock Hin
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FBL 7524Y - X
	SLJ 4428D - CS/FCI/7000883/TLVB52 DOA : 10/01/18

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]		
CAR/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:	

Surveyor: mercuf | REF: A1G/

ASSIGNMENT

From: | Date:
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: FBL 7524Y
at Workshop m/s 3HH 3pm
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
GA / 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

Vehicle: IN / OUT
Date: | Person Contacted: LYA 5369

Veh No. FBL7524Y | Yr Regn: 2/17
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: SYM MAXSYM | c.c 400
Colour: orenge | A/C: Insured / Std / NI / NA
Sp.Reading: 13836 | T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: RFGLXA902GS800072
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: 120/70-15
R: 160/60-14
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.	mm	L/Bal.	mm
D.O.A.	7/1/18	D.O.I.	17/1/18

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

Date/Time. File Pass to?
1)
Date/Time. File Return to?
2)

☐ : Preli. Report
☐ : Final Report

Days Of Repair:
Resurvey No. of Trip:

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

Survey Fee
Transportation
Photos

Report Format:
Lump Sum / I.B.I: $

Enquire Transfer Fee

Vehicle Details

Vehicle No. :	FBL7524Y
Vehicle Type :	P01 - Passenger Scooter
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	SYM
Vehicle Model :	MAXSYM 400I CVT
Chassis No. :	RFGLXA902GS800072
Propellant :	Petrol
Engine No. :	MU107176
Engine Capacity :	400 cc
Maximum Power Output :	-
Maximum Laden Weight :	399 kg
Unladen Weight :	219 kg
Year Of Manufacture :	2016
Original Registration Date :	27 Feb 2017
Lifespan Expiry Date :	-
COE Category :	D - Motorcycle
Quota Premium :	$6,113.00
COE Expiry Date :	26 Feb 2027

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Club/Association/Organisation
Owner ID:	0162D

Vehicle Details

Vehicle No.:	FBL7524Y
Vehicle to be Exported:	No
Intended De-registration Date:	17 Jan 2018
Vehicle Make:	SYM
Vehicle Model:	MAXSYM 400I CVT
Primary Colour:	Orange
Manufacturing Year:	2016
Engine No.:	MU107176
Chassis No.:	RFGLXA902GS800072
Maximum Power Output:	-
Open Market Value:	$5,631.00
Original Registration Date:	27 Feb 2017
First Registration Date:	27 Feb 2017
Transfer Count:	0
Actual ARF Paid:	$845.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	26 Feb 2027
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	$6,113.00
COE Rebate Amount:	$5,569.00
Total Rebate Amount:	**$5,569.00**

The information contained herein is correct as at 17 Jan 2018

OK