15/5/2010

INS. CASE OWNER: CC 6 / AIG1800 2070 IU js 3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 02/02/18 Date / Time : 01/02/18

Registered in Merimen: 01/02/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLS 9958K

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 25/01/18

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

If NO, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

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

SLV 2004T → SLS 9958K (OI) → FBF 6076L (TP) → ____

SLV 2004T	SLS 9958K (OI)	FBF 6076L (TP)	____
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: Ban hock hin	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	FBF 6076L - X ; SLS 9958K - 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 + LO ☐ [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:	

(08/11/13) wef

ASS. REC. BY: Marcus

REF: A16/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: FBF6076L

at Workshop m/s BHM

of

Insured: SLS 9858k

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: 9k

IDAC Accident Rport: Consistent? : Yes or No

GIA / LPR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 3263D

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBF6076L Yr Regn: 8/10

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

Make: DUCATI STREETFIGHTER 1099

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

Sp.Reading 64028 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZDM1098WB0B006603

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: 120/70ZR17

R: 180/55ZR17

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

	Front	Rear
R/Bal.	6 mm	6 mm
L/Bal.	mm	mm

D.O.A. 25/1/18 D.O.I. 2/2/18

Survey held at

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

Rear o/s Rly

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

Date / Time Action / Instruction 2A324

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) __S + RS, __SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Survey Fee:

Transportation:

TOTAL

Report Format :

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

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	FBF6076L
Vehicle Type :	P00 - Passenger Motorcycle/Autocycle/Moped
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	DUCATI
Vehicle Model :	STREETFIGHTER
Chassis No. :	ZDMF100AAAB006600
Propellant :	Petrol
Engine No. :	ZDM1098WB006603
Engine Capacity :	1099 cc
Maximum Power Output :	-
Maximum Laden Weight :	390 kg
Unladen Weight :	187 kg
Year Of Manufacture :	2010
Original Registration Date :	26 Aug 2010
Lifespan Expiry Date :	-
COE Category :	D - Motorcycle
Quota Premium :	$1,251.00
COE Expiry Date :	25 Aug 2020

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	3263D

Vehicle Details

Vehicle No.:	FBF6076L
Vehicle to be Exported:	No
Intended De-registration Date:	02 Feb 2018
Vehicle Make:	DUCATI
Vehicle Model:	STREETFIGHTER
Primary Colour:	Red
Manufacturing Year:	2010
Engine No.:	ZDM1098WB006603
Chassis No.:	ZDMF100AAAB006600
Maximum Power Output:	-
Open Market Value:	$18,125.00
Original Registration Date:	26 Aug 2010
First Registration Date:	26 Aug 2010
Transfer Count:	3
Actual ARF Paid:	$2,719.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	25 Aug 2020
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	$1,251.00
COE Rebate Amount:	$324.00
Total Rebate Amount:	**$324.00**

The information contained herein is correct as at 02 Feb 2018

OK