15/5/2010

INS. CASE OWNER: CC 4 / LCR18004330 / Ups3

LKK:

IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 06/05/18 Date / Time : 05/03/18

Registered in Merimen: 06/03/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLM 2849U Claim No. :

Name of Insured : LCR Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 24/02/18 Place of Accident :

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

If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

FGT 7374Z → → →

INSRS:
WSP: Erola Motor Trad
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FGT 73742 - X ; SLM 2849U - X	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:	

SINGLE | REF: A19

ASSIGNMENT

From: _____ Date: 6/3/18

Estimated Cost: _____

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

To Inspect Vehicle No: FBJ73742

at Workshop/s: Enofia Motor

of: 1 kaki Bkt Ave 6 #02-62

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: 1 Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Vol.: Yes or No

CA / REV / REP. / 24 HRS / wp

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FBJ73742 Page: 9 14

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

Truck / Trailer or

Make: Yamaha FINO cc: 114

Colour: Black/White A/C Insured / Std / Nil / NA

Sp.Reading: 16988 Pasic Insured / Std / Nil / NA

Eng No: _____

Chc: MLESE7011140624

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Mod: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 80-90-14

R: _____

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

Front		Rear	
R/Bal.	8 mm	R.Bal.	8 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	24/2/18	D.O.I.	6/3/18

Survey held at: _____

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

N/S Body

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

Date / Time	Action / Instruction
	27A2914

Date/Time File Passed: _____

☐ : Preli. Report

☐ : Final Report

Date/Time File Returned: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp. $ _____

☐ _____ $ _____

☐ Tech. _____ $ _____

☐ _____ $ _____

Report Format: _____

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

Survey Fee: _____

Transportation: _____

Parking: _____

Other: _____

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	1812E

Vehicle Details

Vehicle No.:	FBJ7374Z
Vehicle to be Exported:	No
Intended De-registration Date:	06 Mar 2018
Vehicle Make:	YAMAHA
Vehicle Model:	FINO 115 I
Primary Colour:	Black
Manufacturing Year:	2013
Engine No.:	E3K3E406219
Chassis No.:	MLESE701111406219
Maximum Power Output:	-
Open Market Value:	$1,588.00
Original Registration Date:	23 Sep 2014
First Registration Date:	23 Sep 2014
Transfer Count:	1
Actual ARF Paid:	$239.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	22 Sep 2024
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	$4,453.00
COE Rebate Amount:	$2,914.00
Total Rebate Amount:	**$2,914.00**

The information contained herein is correct as at 06 Mar 2018

OK