

INS. CASE OWNER:

CC 4, PWD 1800 6137, G ea3

LKK:

IDAC:

Surveyor:

XHQ

DOI:

ASSIGNMENT

2/4/18

Date / Time :

2/4/18

Registered in Merimen:

2/4/18

Pre-assign / CCU / FTE

PBC 4471H



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A:

27/03/18

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

PBB 622X



INSRS:

WSP:

Tel :

Liability :

RMKS:

Pan Euro
Bikes PLV

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	PBB 622X	Non-Reporting ltr (1st):	
	PBC 4471H	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	S\$	(days)	Reduction: %
		Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No. :
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

Surrey

Xhl.

REF: FWD

1767J

ASSIGNMENT

From:

Date: 31/1/18

Estimated Cost:

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

To inspect Vehicle No: FBB 622X

at Workshop m/s Pan Euro Bikes

of 21 Moonstone Lane # 01-01

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 Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time Action / Instruction

Veh No:

FBB 622X

Yr Regn: 13 Nov 2013

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

Truck / Trailer or

Make:

Honda CB 400X

C.C. 399

Colour:

Red

A/C: Insured / Std / NI / NA

Sp. Reading

116430

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NC471003673

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: 120/70-17

R: 160/60-17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

HEIDENAU

Front

Rear

R/Bal.

5 mm

R/Bal.

5 mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

03-04-18

Survey held at

w/s

5:30 pm

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

The UIC / Chassis frame / Body Structure affected due to collision.

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

) S + RS SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1767J
Vehicle Details	
Vehicle No.:	FBB622X
Vehicle to be Exported:	No
Intended De-registration Date:	04 Apr 2018
Vehicle Make:	HONDA
Vehicle Model:	CB400X M
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	NC47E1003668
Chassis No.:	NC471003673
Maximum Power Output:	-
Open Market Value:	\$7,847.00
Original Registration Date:	13 Nov 2013
First Registration Date:	13 Nov 2013
Transfer Count:	1
Actual ARF Paid:	\$1,178.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	12 Nov 2023
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$1,710.00
COE Rebate Amount:	\$958.00
Total Rebate Amount:	\$958.00

The information contained herein is correct as at 04 Apr 2018

OK