15/5/2010

INS. CASE OWNER: CC 4 / LPC180 07660 / U4a3

LKK:

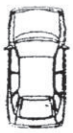
IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 25/4/18 Date / Time : 25/4/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLG 4123Z Claim No. : 17/18/18/VP05/020400

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

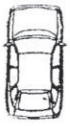
Excess Sec II :S$ D.O.A : 11/2/18 Place of Accident :

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**

FBD 4462D → → →



INSRS: WSP: Erofia Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

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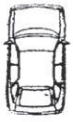

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	FBD 4462D - NA/INC 12006605/54 ; DOA: 10/3/17
	SLG 4123Z - x
	& OR LOD attached.

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: LPC/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FBD 4462D

at Workshop m/s Endia

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: 2200/-

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / 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 10/3/2019

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBD4462D Yr Regn: 3 / 09

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

Truck / Trailer or _____

Make: Yamaha FZ150 c.c 150

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

Sp.Reading 46166 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: PM4K6072509000488?

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: 80/90-17

R: 100/80-17

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

TOYO / YOKO or _____

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	11/2/18	D.O.I	25/4/18

Survey held at _____

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

frt.

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

Date / Time	Action / Instruction
	13 mth.
	LTA 60

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S ÷ RS, ___SI	
Photos	
Others	
TOTAL	

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Foreign Identification Number
Owner ID:	3540U

Vehicle Details

Vehicle No.:	FBD4462D
Vehicle to be Exported:	No
Intended De-registration Date:	25 Apr 2018
Vehicle Make:	YAMAHA
Vehicle Model:	FZ150I
Primary Colour:	Red
Manufacturing Year:	2009
Engine No.:	G372EE004869
Chassis No.:	PMYKG025090004869
Maximum Power Output:	-
Open Market Value:	$2,667.00
Original Registration Date:	11 Mar 2009
First Registration Date:	11 Mar 2009
Transfer Count:	2
Actual ARF Paid:	$401.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	10 Mar 2019
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	$701.00
COE Rebate Amount:	$60.00
Total Rebate Amount:	**$60.00**

The information contained herein is correct as at 25 Apr 2018

OK