

INS. CASE OWNER:

Shawn

CC 4/16 180 10828, U was

LKK:

IDAC:

Surveyor:

Mhpurs

DOI:

ASSIGNMENT

13-6-18

Date / Time :

12-6-18

Registered in Merimen:

13-6-18

Pre-assign / CCU / FTE



Insured Vehicle No. : SFY1184T

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :SS

D.O.A : 21-04-18

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

FBC 9928A



INSRS:

WSP:

Tel :

Liability :

RMKS:

twha  
msh

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	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:	
	<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
	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"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:
<b>FINALIZATION</b>	Date/Time:	Confirm with:
Repair Cost:	S\$	( days) Reduction: %
		Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	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\$	
<b>Total:</b>	S\$	<b>Global Sum S\$:</b>
<b>FINAL PAYMENT</b>	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:

Survivor

REF: AIG

10828/1111

## ASSIGNMENT

From: Date: 13/06/18

Estimated Cost:

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

To Inspect Vehicle No: FBC 9928A

at Workshop m/s Erafia Motor

of No.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.



Bal. or Market Value: 4300/-

IDAC Accident Rpt: Consistent? : Yes or No

GLA / PR Seen: Consistent? : Yes or No

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

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

3./1/2023

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBC 9928A Yr Regn: 9.08

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

Truck / Trailer or

Make: Yamaha X-1R C.C. 135

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

Sp.Reading: 5220 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: 453203101

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 80-90-17

R: 90-80-17

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

TOYO / YOKO or maxx15

Front

R/Bal. 6 mm

Rear

R/Bal. 6 mm

L/Bal. mm

L/Bal. mm

D.O.A. 21/4/18

D.O.I. 13/6/18

Survey held at

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

O/S 2nd, n/s s.d.

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

Date / Time Action / Instruction

14/6/18 1/5 850 confirmed with MR TCO.

27A 2737 4 yrs 9 mths.

Date/Time: File Pass to?

☐ : Preli. Report

Days Of Repair:

1)

☐ : Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time: File Return to?

Transportation:

2)

Add Fee: ☐ : Site Insp (\$)

) \$ + RS. SI

☐ : Interview (\$)

) Photos

☐ : Tech. Invs (\$)

) Others

☐ : Weekend (\$)

)

Report Format :

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

TOTAL

## &gt; Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	7615C
<b>Vehicle Details</b>	
Vehicle No.:	FBC9928A
Vehicle to be Exported:	No
Intended De-registration Date:	13 Jun 2018
Vehicle Make:	YAMAHA
Vehicle Model:	X-1R
Primary Colour:	Blue
Manufacturing Year:	2008
Engine No.:	4S3203101
Chassis No.:	4S3203101
Maximum Power Output:	-
Open Market Value:	\$1,802.00
Original Registration Date:	09 Sep 2008
First Registration Date:	09 Sep 2008
Transfer Count:	4
Actual ARF Paid:	\$271.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	31 Jan 2023
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$2,955.00
COE Rebate Amount:	\$2,737.00
<b>Total Rebate Amount:</b>	<b>\$2,737.00</b>
<b>Message</b>	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 13 Jun 2018

OK