

INS. CASE OWNER:

Wany/Kefan

CC K, Asm 180 17428, Upas

LKK: IDAC:

71695

Surveyor:

Marens

DOI:

ASSIGNMENT

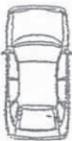
25/9/18

Date / Time:

25/9/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHP 663k
Trans-Cab Srs Plr

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$\$

5,000.00

D.O.A: 11-9-18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final? Yes / No

FBL 48381



INSRS:

WSP:

Tel:

Liability:

RMKS:

KPS



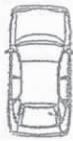
INSRS:

WSP:

Tel:

Liability:

RMKS:



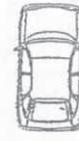
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

FBL 48381 }
SHP 663k }
NBA/MSG 18/11/18 / Y: DDA: 11/09/18
- (13/11/18 09:04 / kgysda: 21/11/18)

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:

PRELIMINARY ADVICE Date/Time: 26/11 Sent By: [Signature]

FINALIZATION Date/Time: Confirm with: Confirm by: 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: \$\$ (\$ x days) Reduction: %

Loss of Rental (LOR): \$\$ (days)

Loss of Use (LOU): \$\$ (\$ x days)

Loss of Income (LOI): \$\$ (\$ x days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search: \$\$

Medical: \$\$

Disbursement: \$\$ (e.g. Tow/ Independent)

Legal Cost: \$\$

Total: \$\$ Global Sum \$\$:

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: \$\$ Name 1:

Payee 2: (Strike if N.A.) \$\$ Name 2:

Payee 3: (Strike if N.A.) \$\$ Name 3:

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format:
- 3) Survey fee:

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	6343K
Vehicle Details	
Vehicle No.:	FBL4838L
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Sep 2018
Vehicle Make:	HONDA
Vehicle Model:	AFS125MSF
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	JA213E2000990
Chassis No.:	MLHJA2136G5000990
Maximum Power Output:	-
Open Market Value:	\$1,780.00
Original Registration Date:	07 Nov 2016
First Registration Date:	07 Nov 2016
Transfer Count:	1
Actual ARF Paid:	\$267.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	06 Nov 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,353.00
COE Rebate Amount:	\$5,154.00
Total Rebate Amount:	\$5,154.00

The information contained herein is correct as at 26 Sep 2018

OK