INS. CASE OWNER:	CC 4, 621 180 17456, 61163
	LKK:
	IDAC:

ASSIGNMENT

Surveyor: _XGd_   DOI: _25/09/18_   Date / Time: _2/09/2018_

Registered in Merimen: _____

Pre-assign / CCU / FTE
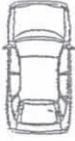
Insured Vehicle No. : _SGW 5285H_

Name of Insured : _____

Insured Tel No. : _____   HP: _____

Excess Sec II :S$ _____   D.O.A : _6/6/2018_

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

If **NO**, Driver Name / Age : _____

Driver Tel No. : _____   (V/L: YES / NO)

_BD89628_

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

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

Insured Liability : ____ %   Final ? Yes / No
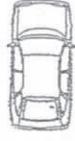
INSRS:
WSP: Plan two
Tel :
Liability : Ailes
RMKS:
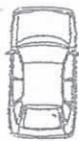
INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	BD89628. X	Non-Reporting ltr (1st):	
	SGW 5285H - NA/NSUI 3016633/v3 : DOA: 6/9/18	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 + LOI ☐ **[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:	

ASSIGNMENT

From: Date: **24/9/18**

Estimated Cost:

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

To Inspect Vehicle No: **FBD 8962B**

at Workshop m/s **Pan Euro Bike**

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.

Bal. or Market Value:

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. I-24 HRS **'up)**

Date: Person Contacted:

Veh No: **FBD 8962B**   Yr Regn: **03 Sep 2009**

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

Truck / Trailer or

Make: **Yamaha FBR 125** c.c **124**

Colour **Silver**   A/C: Insured / Std / NI / NA

Sp.Reading **97656**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **LB PKE 12 809 00 35595**

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: **80/90-18**

(NA)   R: **3.60 -18**

BS / **DUN** / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or **Vee Rubber (Rear)**

Front		Rear	
R/Bal.	**4** mm	R/Bal.	**4** mm
L/Bal.	mm	L/Bal.	mm
D.O.A.		D.O.I. **25-09-18**	
Survey held at	**w/s**		**5:30pm**

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

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

Date / Time	Action / Instruction
25/9	Total loss - due to chassis frame badly damage. Finalized $1500 with Kin Wah.

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1)

Date/Time, File Return to?

2)

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	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2554I

Vehicle Details	
Vehicle No.:	FBD8962B
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Sep 2018
Vehicle Make:	YAMAHA
Vehicle Model:	YBR125
Primary Colour:	Grey
Manufacturing Year:	2008
Engine No.:	E3D6E001854
Chassis No.:	LBPKE128090035545
Maximum Power Output:	-
Open Market Value:	$1,227.00
Original Registration Date:	03 Sep 2009
First Registration Date:	03 Sep 2009
Transfer Count:	3
Actual ARF Paid:	$185.00

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

Intended COE Rebate Details	
COE Expiry Date:	02 Sep 2019
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	$882.00
COE Rebate Amount:	$82.00
Total Rebate Amount:	$82.00

The information contained herein is correct as at 26 Sep 2018

OK