15/5/2010

INS. CASE OWNER: CC4 / AIG 1.802 1803 / Gfa3

LKK:

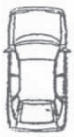
IDAC:

ASSIGNMENT

Surveyor: Xhz DOI: 4/12/18. Date / Time : 4/12/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJE930X Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 28/11/18 Place of Accident :

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

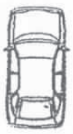
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

FBL 1390E → → →

INSRS:
WSP: JCHWFam.
Tel :
Liability :
RMKS:

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:	

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:	

22/03/2002

ASS. REC. BY: | REF: CS/AIG18021803/G | Special Instruction:

Surveyor: Guo Qiang

ASSIGNMENT (Office)

From (Person): Chan Yoke Shi of AIG Date/Time: 4/12/18 @ 10:31am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBL 1390E Insured: SJE 930X

at Workshop m/s JC Motors Tel: 9889 5190 (Roy Mechanic)

of 13 Kaki Bkt Rd 4 #01-16 67433222

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 25/11/18

(Client's Record)

CA / REV / REP. / REV 24 HRS (up) H.O.D. Endorsement:

Date/Time: 11.17am @ 4/12/18 Person Contacted: jimmy Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	FBL 1390E - X
	SJE 930X - X

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

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

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

Date: Person Contacted: Vehicle: IN / OUT

D.O.A. D.O.I. 04-12-18

Survey held at W/S 3.35pm

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
07/3	Final Bill $3250 with Boss
	W/S want to check ~~no~~ liability do direct settlement

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: S + RS, SI

Photos

Others

TOTAL

Report Format :

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5534J
Vehicle Details	
Vehicle No.:	FBL1390E
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Dec 2018
Vehicle Make:	SUZUKI
Vehicle Model:	UH200AL6 BURGMAN 200 ABS
Primary Colour:	Grey
Manufacturing Year:	2016
Engine No.:	H405402640
Chassis No.:	MLCC91121G0402640
Maximum Power Output:	-
Open Market Value:	$4,268.00
Original Registration Date:	22 Jun 2016
First Registration Date:	22 Jun 2016
Transfer Count:	1
Actual ARF Paid:	$641.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	21 Jun 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	$6,302.00
COE Rebate Amount:	$4,754.00
Total Rebate Amount:	**$4,754.00**

The information contained herein is correct as at 05 Dec 2018

OK