15/5/2010

INS. CASE OWNER: CC 4, AIG 1900 3140, U fa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: MArcus

DOI: 20/2/19

Date / Time : 19/2/19

Registered in Merimen: 19/2/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SKM 3810K

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S$

D.O.A : 31/1/19

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

FBD9550A →

INSRS: WSP: Leo Spray Painting. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	FBD9550A } AIG/mc/1900/102/24 : DOA: 31/1/19
	SKM3810K

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:	

Company: Inexus. REF: AIG

ASSIGNMENT

From: Date: 20/2/19

Estimated Cost:

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

To Inspect Vehicle No: FBD 9550 A

at Workshop m/s: Teo spray painting

of: Blk 6 Pemtane 10 #01-558

Insured:

Policy No: SKM 3P10K

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: $1300

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR. Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 70 % 3 Val.: Yes or No 2820

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBD 9550A Regn: 9/09

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

Make: Yamaha 1/ZF-R15 c.c 150

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

Sp.Reading: 125-823 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ME120P0119 2020400

Gen. Cond: ~~Good~~ / Fair / Poor / Burnt

Steering: ~~Inorder~~ / Jammed / Leaked / Burnt or etc

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / ~~S/Rim~~ / STD A/Rim or

Tyre Size: F: 90/70-17

R: 110/70-17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or maxxis

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	3/1/19	D.O.I.	20/2/19

Survey held at

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

O/S, N/S Body

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

Date / Time	Action / Instruction
22/2/19	LYA11& Coe 29-9-2019 confirmed O/S $1000 with Shuqi

Date/Time. File Pass to?

1) ☐ : Preli. Report ☐ : Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

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:	2892D
Vehicle Details	
Vehicle No.:	FBD9550A
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Feb 2019
Vehicle Make:	YAMAHA
Vehicle Model:	YZF-R15
Primary Colour:	Blue
Manufacturing Year:	2009
Engine No.:	20P1022889
Chassis No.:	ME120P01192020400
Maximum Power Output:	-
Open Market Value:	$2,989.00
Original Registration Date:	30 Sep 2009
First Registration Date:	30 Sep 2009
Transfer Count:	7
Actual ARF Paid:	$449.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Sep 2019
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	$900.00
COE Rebate Amount:	$118.00
Total Rebate Amount:	**$118.00**

The information contained herein is correct as at 20 Feb 2019

OK