

INS. CASE OWNER:

CC 4, ALG 1900

SUYS, Gpa3

LKK:

IDAC:

Surveyor:

KMO

DOI:

ASSIGNMENT

20/3/19

Date / Time :

19/3/19

Registered in Merimen:

20/3/19

Pre-assign / CCU / FTE

SKU 1364C



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 26/07/18

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

FBB 9564X

INSRS:
WSP: MCS Auto
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

FBB 9564X - X ; SKU 1364C - X

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:

Sent By:

Post-Repair Photos:

Others:

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

GIA/LTA Search

S\$

Medical: S\$

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

Legal Cost S\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

(08/11/13)

Surveyor: GA.

REF:

Ala.4565 A

ASSIGNMENT

(-2027)

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s MCS Auto

of _____

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.

| | |
|-------------------------------------|-----|
| <input checked="" type="checkbox"/> | |
| N/S | O/S |
| | |

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FB 9564 X Yr Regn: 27 Sep 2007

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

Truck / Trailer or

Make: Suzuki GSFR 125 AK7Colour: Black A/C: Insured / Std / NI / NASp. Reading: - T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JS1CH 113/00 103914Gen. Cond: Good / Fair / Poor / BurntSteering: Good / Jammed / Leaked / Burnt orBrake: Good / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 120/70 8R17R: 170/50 8R17

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. _____ D.O.I. 20-03-19Survey held at W/S 5:30 pmDes. of Damages Fr / R / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

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: | 4565A |
| Vehicle Details | |
| Vehicle No.: | FBB9564X |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 21 Mar 2019 |
| Vehicle Make: | SUZUKI |
| Vehicle Model: | GSF1250SAK7 |
| Primary Colour: | Black |
| Manufacturing Year: | 2007 |
| Engine No.: | W705110259 |
| Chassis No.: | JS1CH113100103914 |
| Maximum Power Output: | - |
| Open Market Value: | \$8,963.00 |
| Original Registration Date: | 27 Sep 2007 |
| First Registration Date: | 27 Sep 2007 |
| Transfer Count: | 4 |
| Actual ARF Paid: | \$1,345.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 31 Mar 2027 |
| COE Category: | D - Motorcycle |
| COE Period(Years): | 10 |
| PQP Paid: | \$6,256.00 |
| COE Rebate Amount: | \$5,321.00 |
| Total Rebate Amount: | \$5,321.00 |

The information contained herein is correct as at 21 Mar 2019

OK

MCS Auto

1100 SERANGOON ROAD SINGAPORE 328195

TEL : 62969939 FAX : 62964038

Company Registration No. 53126812L

Email : mcs.auto@yahoo.com.sg

Fax on 18/03/2019

6735 7416

Date: 18 Mar 2019

Attn: AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#07-16 AIG Building
Singapore 079120
Attn: Motor Claims Department

3rd Party Direct Settlement

ACCIDENT INVOLVING FBB9564X / SKU1364C ON 26.07.2018

We act for **Mohammed Hafizhullah Ghouse Bin Haji Mohamed Omar**
who has appointed the undermentioned workshop to repair his motor vehicle no. FBB9564X

Please be informed that the said vehicle can be inspected at:

1100 Serangoon Road Singapore 328195
Business Hours: 9.30am-6.30pm
Contact: 62969939 Stephanie

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any

Please acknowledge our fax upon received or once your appointed surveyor is confirmed.

Yours faithfully,

Stephanie
Motor Claims Dept
Off: 62969939
Hp: 86178052
Fax: 62964038



For Surveyor Acknowledgement:

Gene Ong.
UK
20/3/19