15/5/2010

INS. CASE OWNER: Wang Peter | CC 4, Asm 1900 6133, U ja3 | LKK: / IDAC: 109162

ASSIGNMENT

Surveyor: Marcus   DOI: 8/4/19   Date / Time : 8/4/2019

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SAD 501 E	Claim No. :	59M01J59
Name of Insured :	TIC SVS P/L	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$ 5,000.00	D.O.A : 4/4/19	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**

FBN 4912U → ______ → ______ → ______

INSRS: WSP: KPS Tel : Liability : befr. RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	FBN 4912U - X;
	SAD501E - CC3/CT117019035/Kwa357 ; DOA: 3/9/17

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:	

(08/11/13) wef

ASS. REC. BY: Marcus

REF: AXA

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: FBN 4912

at Workshop m/s KKS

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.**

N/S	O/S

Bal. or Market Value: 8800

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. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBN 4912 Yr Regn: 10/18

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

Make: Honda AFS125 c.c 125

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 1301K T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MLHJA2130H5100181

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 70-90-17

R: 80-90-17

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	4/4/19	D.O.I.	8/4/19

Survey held at

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

frt, o/s Body.

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

Date / Time	Action / Instruction
	LTA 390S' with 4PPs

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 ($)

Report Format :

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

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:	Foreign Identification Number
Owner ID:	3670R
Vehicle Details	
Vehicle No.:	FBN4912U
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Apr 2019
Vehicle Make:	HONDA
Vehicle Model:	AFS125MSF
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	JA213E2100181
Chassis No.:	MLHJA2130H5100181
Maximum Power Output:	-
Open Market Value:	$1,770.00
Original Registration Date:	12 Oct 2018
First Registration Date:	12 Oct 2018
Transfer Count:	1
Actual ARF Paid:	$266.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	11 Oct 2028
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	$4,109.00
COE Rebate Amount:	$3,905.00
Total Rebate Amount:	**$3,905.00**

The information contained herein is correct as at 09 Apr 2019

OK