

INS. CASE OWNER:

CC 61 ALH 1900 8602, Ueas

LKK:

IDAC:

Surveyor:

MARUS

DOI:

ASSIGNMENT

15/5/19

Date / Time:

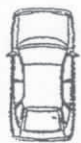
15/5/19

Registered in Merimen:

15/5/19

Pre-assign / CCU / FTE

SLN 5641B



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A: 15/5/19

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

FB8628C



INSRS:

WSP:

Tel :

Liability :

RMKS:

BHA



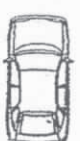
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

FB8628C x

SLN 5641B

-NA/mcl 9007857/v3 : 100% 15/5/19

-NA/mcl 9007908/y : 100% 15/5/19

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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. REQ. BY: Marcus

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FB862fcat Workshop m/s 3H17

of _____

Insured: SLN5641B

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: _____

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

L1A 1980

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

1344A

Date / Time Action / Instruction

we 22-8-2022 3yrs 3m.Veh No: FB862fc Yr Regn: P, 07

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

Truck / Trailer or

Make: Yamaha FINOc.c 114Colour white

A/C: Insured / Std / NI / NA

Sp. Reading 63715

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 4D 0558177Gen. Cond: Good / Fair / Poor / BurntSteering: order / Jammed / Leaked / Burnt or ofedBrake: order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 80-90-14R: 90-80-14

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

TOYO / YOKO or Timsum

Front

Rear

R/Bal. 6 mmR/Bal. 6 mm

L/Bal. mm

L/Bal. mm

D.O.A. 5/5/19D.O.I. 15/5/19

Survey held at _____

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

Rear, 1/5, 0/5 Body

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

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Report Format : _____

Add Fee: ☐ : Site Insp (\$)

) S + RS, SI

☐ : Interview (\$)

) Photos

☐ : Tech. Invs (\$)

) Others

☐ : Weekend (\$)

TOTAL

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:	1344A
Vehicle Details	
Vehicle No.:	FBB8628C
Vehicle to be Exported:	No
Intended Deregistration Date:	15 May 2019
Vehicle Make:	YAMAHA
Vehicle Model:	FINO 114 A
Primary Colour:	Beige
Manufacturing Year:	2007
Engine No.:	4D0558177
Chassis No.:	4D0558177
Maximum Power Output:	-
Open Market Value:	\$1,806.00
Original Registration Date:	23 Aug 2007
First Registration Date:	23 Aug 2007
Transfer Count:	2
Actual ARF Paid:	\$271.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	22 Aug 2022
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$3,030.00
COE Rebate Amount:	\$1,980.00
Total Rebate Amount:	\$1,980.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 15 May 2019

OK