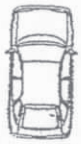
INS. CASE OWNER: CC 4/ III 1900 88881, 01 Q03 | EXR: IDAC:

ASSIGNMENT

Surveyor: KHR DOI: 7/5/19 Date / Time: 7/5/19

Registered in Merimen: 7/5/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SLA8129M Claim No. : Cx

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 14/5/19 Place of Accident :

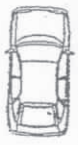
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :

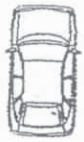
Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

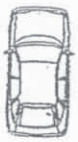
FBL 5078 B → → →



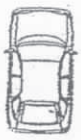
INSRS:
WSP: Loss mstr
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	FBL 5078B } NRIC/FIN 1900886301H4 ; DOB: 14/5/19
	SLA 8129M } NRIC/FIN 1900886611K4 ; DOB: 14/5/19

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$		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:	

Surveyor 6rl. REF: III

ASSIGNMENT

From Date: 21/5/19

Estimated Cost:

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

To Inspect Vehicle No: FBL 5028B

at Workshop m/s Looi's Motor

of 55 Kaki Bukit PL

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 (circled) | O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 'ups

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBL 5028B Yr Regn: 07 Nov 2016

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

Make: Yamaha FZN150 c.c 149

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

Sp.Reading — T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MEIRG1611G2001991

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: In (order) / Jammed / Leaked / Burnt or

Brake: In (order) / Jammed / Leaked / Burnt or

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

Tyre Size: F: 100/80-17

R: 140/60R17

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

Front			Rear		
R/Bal.	5	mm	R/Bal.	5	mm
L/Bal.		mm	L/Bal.		mm

D.O.A. D.O.I. 21-05-19

Survey held at w/s 4:30pm

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
21/5	Finalized $ 1000 with CK.

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

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:	Foreign Identification Number
Owner ID:	2845T
Vehicle Details	
Vehicle No.:	FBL5028B
Vehicle to be Exported:	No
Intended Deregistration Date:	21 May 2019
Vehicle Make:	YAMAHA
Vehicle Model:	FZN150
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	G3E3E0040868
Chassis No.:	ME1RG1611G2001991
Maximum Power Output:	-
Open Market Value:	$2,359.00
Original Registration Date:	07 Nov 2016
First Registration Date:	07 Nov 2016
Transfer Count:	3
Actual ARF Paid:	$354.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	06 Nov 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	$6,354.00
COE Rebate Amount:	$4,740.00
Total Rebate Amount:	**$4,740.00**

The information contained herein is correct as at 21 May 2019

OK