

INS. CASE OWNER:

CC 4/ III 1900 9786 / Ugn

IDAC:

Surveyor:

Majors

DOI:

ASSIGNMENT

4/6/19

Date / Time:

3/6/19

Registered in Merimen:

3/6/19

Pre-assign / CCU / FTE

SHE 2194 A



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A: 13/5/19

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

FBN 2520 E



INSRS:

WSP:

Tel:

Liability:

RMKS:

Empira



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

FBN 2520 E - X:

SHE 2194 A. call from 18/10/18 to 19/10/18; both: 20/10/18

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)

ASS. REC. BY:

REF

11

ASSIGNMENT

From: _____ Date: 04/6/19

Estimated Cost: _____

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

To Inspect Vehicle No: FBN 2520 Eat Workshop m/s Eroftaof KAKI BUKIT

Insured: _____

Policy No. _____

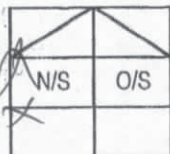
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

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

LTA 4507

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBN 2520 E Yr Regn: J. 1. 18

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

Truck / Trailer or

Make: Suzuki 4H200A c.c. 200Colour: Black A/C: Insured / Std / NI / NASp. Reading: 41604 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MLCC9132750405301Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 110/90-13R: 130/70-12

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. _____ mm

D.O.A. 13/5/19

Survey held at _____

Rear

R/Bal. 6. mm

L/Bal. _____ mm

D.O.I. 4/6/19

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

N/S, O/S Body
- The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>request video.</u>

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:	Singapore NRIC
Owner ID:	0441J
Vehicle Details	
Vehicle No.:	FBN2520E
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Jun 2019
Vehicle Make:	SUZUKI
Vehicle Model:	UH200A
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	H405405301
Chassis No.:	MLCC91327J0405301
Maximum Power Output:	-
Open Market Value:	\$3,627.00
Original Registration Date:	27 Aug 2018
First Registration Date:	27 Aug 2018
Transfer Count:	1
Actual ARF Paid:	\$545.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Aug 2028
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$4,889.00
COE Rebate Amount:	\$4,507.00
Total Rebate Amount:	\$4,507.00
Message	
Transfer of ownership or deregistration is not allowed for this vehicle.	

The information contained herein is correct as at 04 Jun 2019

OK