

INS. CASE OWNER:

CC 4/MG 190 10441, U da3

LKK:

IDAC:

Surveyor:

OKS

DOI:

ASSIGNMENT

14/6/19

Date / Time :

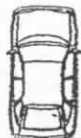
11/6/2019

Registered in Merimen:

12/6/19

Pre-assign / CCU / FTE

SLP 78595



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A: 16/4/19

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

FBL 5278 X



INSRS:

WSP:

Tel :

Liability :

RMKS:



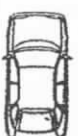
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

FBL 5278 X - X ; SLP 78595 - 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

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. REC. BY: Marcus

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FBL5278at Workshop m/s 4107

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 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 4636

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBL5278Yr Regn: 12, 16

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

Truck / Trailer or

Make: YamahaF2N150c.c 149Colour: Red

A/C: Insured / Std / NI / NA

Sp. Reading: 63781

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ME1RG1613G200424

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: 120/60-17R: 140/70-17

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

TOYO / YOKO or

Front: 6Rear: 6

R/Bal. _____

mm

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. 16/4/19D.O.I. 14/6/19

Survey held at _____

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

1244 4164

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:	5200G
Vehicle Details	
Vehicle No.:	FBL5278X
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Jun 2019
Vehicle Make:	YAMAHA
Vehicle Model:	FZN150
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	G3E3E0042132
Chassis No.:	ME1RG1613G2002124
Maximum Power Output:	-
Open Market Value:	\$2,364.00
Original Registration Date:	02 Dec 2016
First Registration Date:	02 Dec 2016
Transfer Count:	1
Actual ARF Paid:	\$355.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	01 Dec 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,212.00
COE Rebate Amount:	\$4,636.00
Total Rebate Amount:	\$4,636.00

The information contained herein is correct as at 14 Jun 2019

OK

Brand	Yamaha (/listing/usedbike/brand/yamaha/)
Model	Yamaha FZN150i (/listing/usedbike/model/yamaha-fzn150i/)
Engine Capacity	149cc
Classification	Class 2B (/listing/usedbike/model/motorcycle-for-sale/class/class-2b/)
Registration Date	27/09/2016
COE Expiry Date	26/09/2026 (7 years 3 months left)
Mileage	-
No. of owners	-
Type of Vehicle	Street Bikes (/listing/usedbike/model/motorcycle-for-sale/street-bikes/)

Price: ^{SGD}\$8200

DETAILS

Visit United Cycles. Trade In/Loan Available! Price Nego For Sincere Buyers. Call Now.

SIMILAR BIKES

[VIEW ALL \(/LISTING/USEDBIKES/LISTING/\)](/listing/usedbikes/listing/)



Yamaha FZN150i



Yamaha FZN150i

[\(/listing/usedbike/yamaha-yamaha-fzn150i/13048/\)](/listing/usedbike/yamaha-yamaha-fzn150i/13048/) [\(/listing/usedbike/yamaha-yamaha-fzn150i/12684/\)](/listing/usedbike/yamaha-yamaha-fzn150i/12684/)



Yamaha FZN150i



Yamaha FZN150i