

INS. CASE OWNER:

CC 4, III 190 11087, Epa3

LKK:

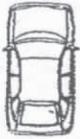
IDAC:

Surveyor: STEVE

DOI: ASSIGNMENT 24/6/2019

Date / Time: 24/6/19
Registered in Merimen: 24/6/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA7903Z

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 6/5/2019

Place of Accident : _____

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

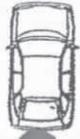
If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

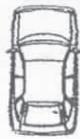
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

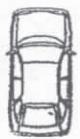
FBN 1306 P



INSRS: _____
WSP: ben (new)
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time

Date/ Time	STAGE	DATE / PIC
<u>FBN 1306P - X ;</u>	Non-Reporting ltr (1st):	
<u>SHA 7903Z, NSI model 2008 96/11/14/163 ; D.O.A 29/6/12</u>	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>

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\$ _____

Total: S\$ _____ **Global Sum SS:** _____

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: _____

Steve

REF: III

ASSIGNMENT

From _____ Date: _____

Estimated Cost _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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: _____

IDAC Accident Report: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No **FBN 1396P** In Regn. **17/7/18**

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

Make: **Honda** **WW150** CC **149**

Colour **Black** A/C Insured / Std / NI / N/A

Sp. Reading **4049** T/Radio: Insured / Std / NI / N/A

Eng/No: _____

C/No: **RLHKF18A2JY219113**

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: **79-99-14**
R: **100/90-14**

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

Front R/Bal. **7** mm Rear R/Bal. **7** mm

L/Bal. mm L/Bal. mm

D.O.A. **6/5/19** D.O.I. **24/6/19**

Survey held at **Kah Mohr**

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

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time / Action / Instruction

MV - 9K

Date/Time. File Pass to? : Proll. Report

1) : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

2) Date/Time. File Return to? _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Survey Fee: _____

Transportation _____

1) S + R: \$ _____

2) Photos _____

3) Fuel _____

Report Format: _____

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

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4760J
Vehicle Details	
Vehicle No.:	FBN1306P
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Jun 2019
Vehicle Make:	HONDA
Vehicle Model:	WW150 (PCX150)
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	KF18E5051900
Chassis No.:	RLHKF18A2JY210113
Maximum Power Output:	-
Open Market Value:	\$2,844.00
Original Registration Date:	17 Jul 2018
First Registration Date:	17 Jul 2018
Transfer Count:	1
Actual ARF Paid:	\$427.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Jul 2028
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,514.00
COE Rebate Amount:	\$5,901.00
Total Rebate Amount:	\$5,901.00

The information contained herein is correct as at 24 Jun 2019

OK