

INS. CASE OWNER:

CC 4, E61 190 13916, U ka3

LKK:  
IDAC:

**ASSIGNMENT**

Surveyor: MARKUS DOI: 8/8/19 Date / Time: 8/8/19

Registered in Merimen: 8/8/19

Pre-assign / CCU / FTE

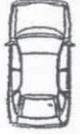
GBH 1356B



Insured Vehicle No. : \_\_\_\_\_ Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :SS \_\_\_\_\_ D.O.A : 4/8/19 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

FBJ 6166P



INSRS:  
WSP: Private Auto.  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time |   | STAGE   | DATE / PIC  |
|------------|---|---|---|
|            | <u>FBJ 6166P - X</u> ; <u>GBH 1356B - X</u> | Non-Reporting ltr (1st):                        |   |
|            |   | Non-Reporting ltr (2nd):                        |   |
|            |   | Non-Reporting ltr (Final):                      |   |
|            |   | Notification ltr (if non-pickup):               |   |
|            |   | Call OI:  |   |
|            |   | After call ltr to OI:                           |   |
|            |   | <b>Documentation Check List:</b> 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\$ \_\_\_\_\_ 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: \_\_\_\_\_



## &gt; Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

| <b>Vehicle Owner Particulars</b>    |                   |
|-------------------------------------|-------------------|
| Owner ID Type:                      | Singapore NRIC    |
| Owner ID:                           | 467I              |
| <b>Vehicle Details</b>              |                   |
| Vehicle No.:                        | FBJ6166P          |
| Vehicle to be Exported:             | No                |
| Intended Deregistration Date:       | 13 Aug 2019       |
| Vehicle Make:                       | K.T.M.            |
| Vehicle Model:                      | 200 DUKE          |
| Primary Colour:                     | Orange            |
| Secondary Colour:                   | Black             |
| Manufacturing Year:                 | 2014              |
| Engine No.:                         | 0490641628        |
| Chassis No.:                        | VBKJUC405EC009978 |
| Maximum Power Output:               | -                 |
| Open Market Value:                  | \$3,941.00        |
| Original Registration Date:         | 06 Aug 2014       |
| First Registration Date:            | 06 Aug 2014       |
| Transfer Count:                     | 1                 |
| Actual ARF Paid:                    | \$592.00          |
| <b>Intended PARF Rebate Details</b> |                   |
| PARF Eligibility:                   | No                |
| PARF Eligibility Expiry Date:       | -                 |
| PARF Rebate Amount:                 | \$0.00            |
| <b>Intended COE Rebate Details</b>  |                   |
| COE Expiry Date:                    | 05 Aug 2024       |
| COE Category:                       | D - Motorcycle    |
| COE Period(Years):                  | 10                |
| QP Paid:                            | \$4,001.00        |
| COE Rebate Amount:                  | \$1,991.00        |
| <b>Total Rebate Amount:</b>         | <b>\$1,991.00</b> |

The information contained herein is correct as at 13 Aug 2019

OK