

INS. CASE OWNER: **JIMMY FOO**

CC4/AIG19019296/Uda3

LKK:
IDAC:

ASSIGNMENT

Surveyor: **MARCUS**

DOI: **31.10.2019**

Date / Time : **31.10.2019**

Registered in Merimen: **31.10.2019**

Pre-assign / CCU / FTE

 Insured Vehicle No. : **SMH 1617T** Claim No. : _____
 Name of Insured : **GUO XINYI,CINDY** Policy No. : **1900000667**
 Insured Tel No. : _____ HP: **+65-91168448** Make / Model : **MITSUBISHI ATTRAGE-1.2 CVT (A)**
Excess Sec II :S\$ D.O.A : **14/06/2019 18:45** Place of Accident : **BEDOK RESERVOIR ROAD**
 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 5748S

 INSRs: _____ WSP: **Erofia Motor** INSRs: _____ WSP: _____
 Tel: _____ Liability: _____ Tel: _____ Liability: _____
 RMKS: _____ RMKS: _____ RMKS: _____ RMKS: _____

Date/ Time	FBJ 5748S - X	SMH 1617T - 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)	<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"/>
			Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S\$	(days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
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 <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[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 <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

ASS. REC. BY:

marcus

INSP:

A167

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s *Enfin*

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: *6k.*

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: *FBJ5748S* Yr Regn: *7, 14*

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

Truck / Trailer or

Make: *SYM Joyride* c.c. *171*

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

Sp. Reading: *42350* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *RF6LF18W1/E5014924*

Gen. Cond: Good Fair / Poor / Burnt

Steering: *order* / Jammed / Leaked / Burnt or

Brake: *order* / Jammed / Leaked / Burnt or

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

Tyre Size: F: *110-90-13*

R: *130-70-12*

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

TOYO / YOKO or

Front *6* Rear *6*

R/Bal. _____ mm R/Bal. _____ mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. *14/6/19* D.O.I. *31/10/19*

Survey held at _____

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

all 6 o/s body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<i>LTA as of 31-10-19 #1889 SJS</i>

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: _____

1) _____
Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: _____

2) _____

Add Fee: : Site Insp (\$ _____)

Survey Fee: _____

Transportation: _____

Report Forms: _____

Lump Sum / U.C. / G: _____

: Interview (\$ _____)

) Photos

: Tech. Insp (\$ _____)

) Others

: W/ser end (\$ _____)

TOTAL

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	966F
Vehicle Details	
Vehicle No.:	FBJ5748S
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Oct 2019
Vehicle Make:	SYM
Vehicle Model:	JOYRIDE 200I EVO CVT
Primary Colour:	Grey
Manufacturing Year:	2014
Engine No.:	KB219539
Chassis No.:	RFGLF18WYES014904
Maximum Power Output:	-
Open Market Value:	\$2,485.00
Original Registration Date:	22 Jul 2014
First Registration Date:	22 Jul 2014
Transfer Count:	3
Actual ARF Paid:	\$373.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	21 Jul 2024
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$4,001.00
COE Rebate Amount:	\$1,889.00
Total Rebate Amount:	\$1,889.00

The information contained herein is correct as at 31 Oct 2019

OK

Brand	SYM (/listing/usedbike/brand/sym/)
Model	SYM Joyride 200i Evo (/listing/usedbike/model/sym-joyride-200i-evo/)
Engine Capacity	171cc
Classification	Class 2B (/listing/usedbike/model/motorcycle-for-sale/class/class-2b/)
Registration Date	27/12/2013
COE Expiry Date	26/12/2023 (4 years 1 months left)
Mileage	104973km
No. of owners	-
Type of Vehicle	Scooters (/listing/usedbike/model/motorcycle-for-sale/scooters/)

Price: SGD\$4988

DETAILS

Coe Till 12/2023. Loan Available, Welcome Trade In. Serious Buyers Are Welcome To Negotiate. Unit Selling Fast. Contact Us Asap!

1.88% - 5 & 10 Yrs COE Renewal - Promo Rate at \$270/month

Flexible Repayment Options Up To 7 Years with Lowest Interest Rate. Talk To Us!
coefinancespecialist.com

OPEN



SIMILAR BIKES

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



SYM Joyride 200i Evo



SYM Joyride 200i Evo

[\(/listing/usedbike/sym-sym-joyride-200i-evo/14641/\)](/listing/usedbike/sym-sym-joyride-200i-evo/14641/) [\(/listing/usedbike/sym-sym-joyride-200i-evo/14221/\)](/listing/usedbike/sym-sym-joyride-200i-evo/14221/)