

INS. CASE OWNER:

CC6 / AIG 20000775 / Ues3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Marcus

DOI:

13/1/2020

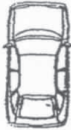
Date / Time:

13/1/2020

Registered in Merimen:

13/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKV 9157B

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

4/1/2020

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

FBH 1513H



INSRS:

WSP:

Tel:

Liability:

RMKS:

Ban Hock Hin



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

FBH 1513H: CC6 / AIG 19004218 / Ues3, DOA: 3/3/19
SKV 9157B: 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:

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:

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	288K
Vehicle Details	
Vehicle No.:	FBN1513H
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jan 2020
Vehicle Make:	YAMAHA
Vehicle Model:	NMAX155 ABS
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	G3H6E0009677
Chassis No.:	MH3SG431000007473
Maximum Power Output:	-
Open Market Value:	\$2,455.00
Original Registration Date:	26 Jul 2018
First Registration Date:	26 Jul 2018
Transfer Count:	0
Actual ARF Paid:	\$369.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	25 Jul 2028
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,514.00
COE Rebate Amount:	\$5,557.00
Total Rebate Amount:	\$5,557.00

The information contained herein is correct as at 13 Jan 2020

OK