INS. CASE OWNER: JOANNE YONG

S\$

S\$

S\$

Payee 1:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Name 1:

Name 2:

Name 3:

CC6/FCI20000966/Uea3

LKK: IDAC:

		ASSIGNM	ENT	
Surveyor:	MARCUS	DOI: 31/01/2020		Date / Time : 31/01/2020
	-			Registered in Merimen:
Pre-assign / CCI	U/FTE			
Insured Vehicle N	No. : SH 8477M		Claim No.	:
Name of Insured	: COMFORT TRANSPOR	RTATION PTE LTD	Policy No.	:
Insured Tel No.	: HP:		Make / Model	:
Excess Sec II :SS		: 15/08/2019	Place of Accide	ent : YISHUN AVE 1
Is driver the owner		e of Accident :		
		e of Accident .	OLGIL DEDO	RT: YES / NO ; TP GIA REPORT: YES / NO
If NO, Driver Na	531000000 0 00	(118 APPO (110)		
Driver Te	I No. :	(V/L: YES / NO)	Insured Liabilit	ly: 70 Final: 1657 No
FBD 2833E				
INSRS: WSP: EROFI Tel: MOTO Liability: RMKS:			INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:
Date/ Time				
	FBD 2833E - X			STAGE DATE/PIC
	SH 8477M - CC3/AXA120	03064/H1edf1; DOA:	06.02.2012	Non-Reporting ltr (1st): Non-Reporting ltr (2nd):
				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 ADVIC	E Date/Time:	Sent By:		Post-Repair Photos:
				Others:
FINALIZATION	Date/Time:	Confirm with:		Confirm by:
Repair Cost:		ys) Reduction:	%	Email Call
FINAL SETTLEMENT		rm with		Email Call
Final Liability:		sed) BOLA S/N No. :		If NO or B 28, Ass. Lia:
Repair Cost:	S\$	\		
Loss of Rental (LOR): Loss of Use (LOU):		ays)		
Loss of Income (LOI):		ays)		
LOR only LOU onl				
GIA/LTA Search	ss			a a company of allowing
Medical:	SS			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent)	3	2) Report Format:
Legal Cost	SS			3) Survey fee:
Total:		al Sum S\$:		
FINAL PAYMENT	Date/Time: Confin	rm with:		Email Call

of Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Lum Sum: % 3 Val.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: T/Radio: Insure Eng/No: C/No: S / P 3 00 03' Gen. Cond: Good / Fait / Boor / Burnt Steering: Haorder / Jammed / Leaked / Burnt or Modi: Nil / S/Rim/ STD A/Rim or Tyre Size: F: 7 0 - 9 0 - / REMARK: The veh had commenced its repair at the time of inspection. Front Rear R/Bal. L/Bal. D.O.A. / S/ / Bal. D.O.A. / S/ / Ba	c /35 d/Std/NI/NA
From: Date: Stimated 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: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Lum Sum: % 3 Val.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date / Time Action / Insured: Truck / Trailer or Make: Veh No: Type: M. Car / Moycle / Bus / Van / Lorry / Taxi / Prime Insured: Truck / Trailer or Make: Veh No: Type: M. Car / Moycle / Bus / Van / Lorry / Taxi / Prime Insured: Truck / Trailer or Make: Veh No: Type: M. Car / Moycle / Bus / Van / Lorry / Taxi / Prime Insured: Truck / Trailer or Make: Veh No: Type: M. Car / Moycle / Bus / Van / Lorry / Taxi / Prime Insured: Truck / Trailer or Make: Veh No: Type: M. Car / Moycle / Bus / Van / Lorry / Taxi / Prime Insured: Truck / Trailer or Make: Veh No: Truck / Trailer or Make: Veh No: Truck / Trailer or Make: Veh No: Truck / Trailer or Make: Veh No: Truck / Trailer or Make: Veh No: Truck / Trailer or Make: Veh No: Truck / Trailer or Make: Veh Olo Truck / Trailer or Make: Veh Olo Truck / Trailer or Make: Torolo Truck / Trailer or Make: Veh Olo Truck / Trailer or Ma	Mover/ c /35 d/Std/NI/NA
From: Date: Estimated Cost: OD ITP WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m/s of Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Claim Sum: (Sid / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time: Action / Instruction Truck / Trailer or Make: Vane Lo 7 / 35	Mover/ c /35 d/Std/NI/NA
Estimated Cost: OD ITP DWS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m/s of Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No CA / REV / REP. / 24 HRS Date / Time Action / Instruction Type: M.Car / McScle / Bus / Van / Lorry / Taxi / Prime I Truck / Trailer or Make: Vane Lo 7 3 0 0 1 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	d/Std/NI/NA
Truck / Trailer or Make: /cme//c 7/35 c.d Make: /cme//c 7/36 c.d Make: /cme	d/Std/NI/NA
To Inspect Vehicle No: at Workshop m/s of Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Sum Sum: Ca / REV / REP. / 24 HRS Date / Time: Action / Instruction Make: / Came No	d / Std / NI / NA
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Date: Person Contacted: The U/C / Chassis frame Body Structure affects Date / Time Action / Instruction	oftop or
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2014(10SS	
offer MV SEUD to AH hang	I -
Date/Time, File Pass to? : Prell. Report Days Of Repair:	
Transportation:	
Date/Time, File Return to? Add Fee: : Site Insp (\$)S+RS,S	
2) Add Fee. Site hisp (\$) Photos	1
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© SHARE (WHATSAPP://SEND?TEXT=HTTP://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKE/YAMAHA-YAMAHA-T135-SPARK/15210/)

Yamaha T135 Spark

Listing Type	Paid Ad
Brand	Yamaha (/listing/usedbike/brand/yamaha/)
Model	Yamaha T135 Spark (/listing/usedbike/model/yamaha-t135-spark/)
Engine Capacity	135cc
Classification	Class 2B (/listing/usedbike/model/motorcycle-for-sale/class/class-2b/)
Registration Date	28/04/2010
COE Expiry Date	27/04/2020 (2 months left)
Mileage	
No. of owners	
Type of Vehicle	Cubs (/listing/usedbike/model/motorcycle-for-sale/cubs/)

Price: SGD\$5000

DETAILS

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♡ 30

Yamaha Spark T135

- Singapore
- © Mailing
- * Used

Yamaha Spark T135 COE expired 31 August 2029 (renewable) Bike just overhauled in January 2019 Yoshimura round cone gen2

Asking price is firm, inclusive of a 2 digits number plate from 1994 FN plater

8 months ago In Class 2B

✓ Yamaha

Ø Cub

Insurance

Listed by iamno.4

Mostly Responsive

Of Verified



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tjourney0908 2019 Nov

Fast response. Great seller to deal with. Item received well. Thank

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Yamaha Spark T135

Bedok Reservoir Road

© Meetup

* Used

!!!!!!!! FAST DEAL \$5900 Only !!!!!!!! RENEWED COE Yamaha Spark T135 COE EXPIRY 14 NOVEMBER 2028 (RENEWABLE)

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Reviews for atomhumber

spid3y 2015 Sep

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	868E
Vehicle No.:	FBD2833E
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2020
Vehicle Make:	YAMAHA
Vehicle Model:	T135
Primary Colour:	Red
Manufacturing Year:	2008
Engine No.:	5YP300103
Chassis No.:	5YP300103
Maximum Power Output:	•
Open Market Value:	\$1,669.00
Original Registration Date:	08 Jan 2009
First Registration Date:	08 Jan 2009
Transfer Count:	3
Actual ARF Paid: Intended PARF Rebate Details	\$251.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	07 Jan 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$3,458.00
COE Rebate Amount:	\$3,089.00
Total Rebate Amount:	\$3,089.00

The information contained herein is correct as at 08 Jan 2020

OK

MV 5500 L1A 3089 A 2411 LIMK-ASher