

ASSIGNMENT

Surveyor: **MARCUS**

DOI: **27/03/2020**

Date / Time : **27/03/2020**

Registered in Merimen: **27/03/2020**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SMA 6685A**
 Name of Insured : **OEI KUAN DOONG, LARRY**
 Insured Tel No. : _____ HP: **+65-97863088**
Excess Sec II :S\$ _____ D.O.A : **06/02/2020**
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : **1673726210SG**
 Policy No. : **1800068701**
 Make / Model : **CITROEN GRAND C4 PICASSO 1.2**
 Place of Accident : **ANCHORVALE STREET**

If NO, Driver Name / Age : _____
 Driver Tel No. : _____ (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Insured Liability : _____ % **Final ? Yes / No**

FBD 8706A



INSRS:
WSP: **BAN HOCK HIN**
Tel : _____
Liability : _____
RMKS: _____



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



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



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

| Date/ Time | | STAGE | DATE / PIC |
|---|---|--|--|
| | SMA 6685A - CC3/AIG19013671/db3XX ; 02/08/2019 | Non-Reporting ltr (1st): | |
| | NA/AIG19014629/h4 ; 02/08/2019 | Non-Reporting ltr (2nd): | |
| | FBD 8706A - X | 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: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> <input type="checkbox"/> |
| FINALIZATION | Date/Time: _____ Confirm with: _____ | Confirm by: | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| Repair Cost: | S\$ _____ (_____ days) Reduction: _____ % | | |
| 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: _____ | | |

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

A14/

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: FSD 8706A
 at Workshop m/s BMH
 of _____
 Insured: SMA 6685-A
 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: 6800
 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 LIA 3027
 Date: _____ Person Contacted: not 3773 Vehicle: IN / OUT

Veh No: FSD 8706A Yr Regn: 9, 09
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda wave c.c 125
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp.Reading: 50609 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: NF125ST 0027943
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or ok
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 80-90-17
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 6/2/20 D.O.I. 27/3/20
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front, N/S, O/S body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
02 31-8-2028 Sol 9 yrs. Gwth.

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Survey Fee: _____
 Transportation: _____

Add Fee: : Site Insp (\$ _____)) S + RS, SI
 : Interview (\$ _____)) Photos
 : Tech. Invs (\$ _____)) Others
 : Weekend (\$ _____)) _____

Report Format : _____
 Lump Sum / I.B.I: (\$ _____))

TOTAL _____

Vehicle Details

| <i>Vehicle No.</i> | <i>Make / Model</i> |
|--|----------------------------------|
| FBD8706A | HONDA / WAVE 125X A |
| Vehicle Type : | Vehicle Attachment 1 : |
| P00 - Passenger Motorcycle/Autocycle /Moped | No Attachment |
| Vehicle Scheme : | Chassis No. : |
| Normal | NF125ST0027943 |
| Propellant : | Engine No. : |
| Petrol | NF125STE0027943 |
| Motor No. : | Engine Capacity : |
| - | 125 cc |
| Power Rating : | Maximum Power Output : |
| - | - |
| Maximum Laden Weight : | Unladen Weight : |
| - | 98 kg |
| Year Of Manufacture : | Original Registration Date : |
| 2009 | 07 Sep 2009 |
| Lifespan Expiry Date : | COE Category : |
| - | D - Motorcycle |
| PQP Paid : | COE Expiry Date : |
| \$3,214.00 | 31 Aug 2029 |
| Road Tax Expiry Date : | PARF Eligibility Expiry Date : |
| 01 Sep 2020 | - |
| Inspection Due Date : | Intended Transfer Date : |
| 01 Sep 2020 | 12 Mar 2020 |
| CO2 Emission : | CEV/VES Rebate Utilised Amount : |
| - | - |
| CO Emission : | HC Emission : |
| - | - |

[REPORT ERROR](#) > (/LISTING/LISTING/ERROR/USEDBIKE/16051/)[+ SHORTLIST](#)[Share 4](#)[© SHARE \(WHATSAPP://SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKE/HONDA-HONDA-WAVE-125/16051/\)](#)

Honda Wave 125

| | |
|-------------------|--|
| Listing Type | Paid Ad |
| Brand | Honda (/listing/usedbike/brand/honda/) |
| Model | Honda Wave 125 (/listing/usedbike/model/honda-wave-125/) |
| Engine Capacity | 125cc |
| Classification | Class 2B (/listing/usedbike/model/motorcycle-for-sale/class/class-2b/) |
| Registration Date | 19/03/2004 |
| COE Expiry Date | 31/01/2024 (3 years 10 months left) |
| Mileage | - |
| No. of owners | - |
| Type of Vehicle | Cubs (/listing/usedbike/model/motorcycle-for-sale/cubs/) |

Price: SGD \$3888

DETAILS

Good Condition. Comes With Leo Vince Pipe.

Advertisement

Home > Motorbikes > Motorbikes for Sale > Class 2B



davidandgoliath
★★★★☆ 88

Chat

Mal

S\$5,600

Share

Honda Wave R 125 - August 2026

Punggol

Meetup

Used

Hi all!

Selling my beloved Honda Wave 125R.
Automatic clutch - your left hand will be pain-free d
[read more](#)

2 months ago In Class 2B

Honda

Cub

Insurance

Meet-up

Punggol

Listed by davidandgoliath

Very Responsive



Verified

[Check seller profile](#)

Reviews for davidandgoliath



phonetrader
2020 Mar

great buyer,thanks

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------------|-------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 998D |
| Vehicle Details | |
| Vehicle No.: | FBD8706A |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 30 Mar 2020 |
| Vehicle Make: | HONDA |
| Vehicle Model: | WAVE 125X A |
| Primary Colour: | Blue |
| Manufacturing Year: | 2009 |
| Engine No.: | NF125STE0027943 |
| Chassis No.: | NF125ST0027943 |
| Maximum Power Output: | - |
| Open Market Value: | \$1,785.00 |
| Original Registration Date: | 07 Sep 2009 |
| First Registration Date: | 07 Sep 2009 |
| Transfer Count: | 7 |
| Actual ARF Paid: | \$268.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 31 Aug 2029 |
| COE Category: | D - Motorcycle |
| COE Period(Years): | 10 |
| PQP Paid: | \$3,214.00 |
| COE Rebate Amount: | \$3,027.00 |
| Total Rebate Amount: | \$3,027.00 |

The information contained herein is correct as at 30 Mar 2020

OK