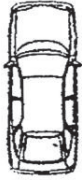


15/5/2010

INS. CASE OWNER:

CC 3/EQ115002374 / Kh e3

LKK:
IDAC:**ASSIGNMENT**Surveyor: KennethDOI: 06/02/15Assg Date: 06/02/15**Pre-assign / CCU / FTE**Insured Vehicle No.: GW 3884S

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SSD.O.A : 03/02/15

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

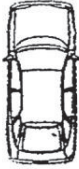
Driver Tel No. :

(V/L: YES / NO Insured Liability :

% Final ? Yes / No

SHC 5094K

PBZ



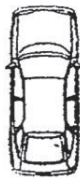
INSRS:

WSP: Trans - cab

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time | FOR CSO ONLY: | STAGE | DATE / PIC |
|------------|---|----------------------------------|---|
| | Is driver the owner? (YES / NO) | Finalisation: | |
| | If NO, Driver Name / Age : | Email AIG for OI GIA: | |
| | Driver's Own Vehicle Number: _____ Insurance Company: _____ | Apt letter to OI: | |
| | <u>SHC 5094K - X</u> | Call OI: | |
| | <u>GW 3884S - X</u> | After call ltr to OI: | |
| | | Type Report: | |
| | | Prepare Invoice: | |
| | | Others: | |
| | | Documentation Check List: | Handler Typist |
| | | OI Apt Ltr: | <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"/> |
| | | LTA / GIA : | <input type="checkbox"/> <input type="checkbox"/> |
| | | Medical Bill: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Approval Email: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Payment Breakdown Form: | <input type="checkbox"/> <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> <input type="checkbox"/> |

FINAL SETTLEMENT

Date :

Confirm with

Repair Cost:

SS

Final Liability

% (Agreed / Assessed)

BOLA S/N No. :

Loss of Rental:

SS

(days)

If NO or B 28, Ass. Lia :

REF: EQ 1

ASS. REC. BY:

Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

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: _____

IDAC Accident Rpt: _____ Consistent?: **Yes** or **No**GIA / PR Seen: _____ Consistent?: **Yes** or **No**Est. Repairs: 21 days Res.: **Yes** or **No**Lum Sum: 1.3.1 % 3 Val.: **Yes** or **No****CA / REV / REP. / 24 HRS**Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SHC 5094K Yr Regn: 121 13Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or _____

Make: Renault Latitude c.c. 1995Colour: n. white / Red A/C: **Insured / Std / NI / NA**Sp. Reading _____ T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: VFIABL15AUC 276050Gen. Cond: **Good / Fair / Poor / Burnt**Steering: **Inorder / Jammed / Leaked / Burnt** or _____Brake: **Inorder / Jammed / Leaked / Burnt** or _____Modi: **Nil / S/Rim / STD A/Rim** or _____Tyre Size: **F:** 215/60R16**R:** _____**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /****TOYO / YOKO** or FalkenFront 8 mm Rear 6 mmR/Bal. _____ mm L/Bal. 6 mmD.O.A. 3/2/15 D.O.I. 6/2/15Survey held at ✓Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** or o/s frThe **U/C / Chassis frame / Body Structure** affected due to collision. ✓

Date / Time Action / Instruction

Battery flat

Date/Time, File Pass to?

☐ : **Preli. Report**

1)

Date/Time, File Return to?

☐ : **Final Report**

2)

Report Format : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

Text size + -

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Company
Owner ID: 200303878K

Vehicle Details

Vehicle No.: SHC5094K
Vehicle to be Exported: Yes
Intended De-registration Date: 04 Feb 2015
Vehicle Make: RENAULT
Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour: Red
Manufacturing Year: 2013
Engine No.: M9R8839C000569
Chassis No.: VF1ABL15AUC276050
Maximum Power Output: 127.0 kW (170 bhp)
Open Market Value: \$19,998.00
Original Registration Date: 27 Dec 2013
First Registration Date: 27 Dec 2013
Transfer Count: 0
Actual ARF Paid: \$12,498.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 26 Dec 2021
PARF Rebate Amount: \$9,373.00

Intended COE Rebate Details

COE Expiry Date: 26 Dec 2021
COE Category: A - Car (1600cc & below)
COE Period (Years): 8
PQP Paid: \$62,740.00
COE Rebate Amount: \$50,192.00
Total Rebate Amount: \$59,565.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 04 Feb 2015

OK

The logo of the Land Transport Authority, featuring the text "Land Transport Authority" with a stylized graphic element between the words "Transport" and "Authority".

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