

INS. CASE OWNER:

CC 3 / AIG17022253 / K2A3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

21/11/17

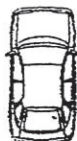
Date / Time:

21/11/17

Registered in Merimen:

22/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SJF 5610G

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 19/11/17

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

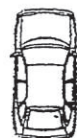
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHC 5710R



INSRS:

WSP: Trans-cab (Amk)

Tel :

Liability :

RMKS:



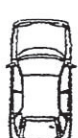
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time				
	SHC 5710R - CS/II09005552/Dgr1 DOA: 11/03/09	STAGE	DATE / PIC	
	- CS/TP11022961/KCW1 DOA: 23/12/10	Non-Reporting ltr (1st):		
	- NP/INC08026160/c DOA: 23/09/08	Non-Reporting ltr (2nd):		
	SJF 5610G - CC4/AIG08023322/UF0 DOA: 15/03/08	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:	
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost: S\$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
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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\$

Total: S\$ Global Sum S\$:

FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
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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:

REF:

AIG

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: 02 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SAC 5710R Yr Regn: 11, 14

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

Truck / Trailer or

Make: Renault Latitude c.c. 1495Colour White / Red A/C: Insured / Std / NI / NASp. Reading 408820 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC 280309Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: NT / S/Rim / STD A/Rim orTyre Size: F: Engle 215/60R16Ving R: Log

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mmR/Bal. 9 mmL/Bal. 7 mmL/Bal. 9 mmD.O.A. 19/11/17D.O.I. 21/11/17

Survey held at _____

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

O/S R

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

Date / Time Action / Instruction

22/10 File pass to Cathryn
115p 8240d

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Report Format : _____

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	3878K
Vehicle Details	
Vehicle No.	SHC5710R
Vehicle to be Exported	Yes
Intended De-registration Date	20 Nov 2017
Vehicle Make	RENAULT
Vehicle Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour	Red
Manufacturing Year	2014
Engine No.	M9R8839C002221
Chassis No.	VF1ABL15AUC280309
Maximum Power Output	127.0 kW (170 bhp)
Open Market Value	\$19,998.00
Original Registration Date	28 Nov 2014
First Registration Date	28 Nov 2014
Transfer Count	0
Actual ARF Paid	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	27 Nov 2022
PARF Rebate Amount	\$9,373.00
Intended COE Rebate Details	
COE Expiry Date	27 Nov 2022
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$51,337.00
COE Rebate Amount	\$32,210.00
Total Rebate Amount	\$41,583.00
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 20 Nov 2017