

INS. CASE OWNER:

CC 6 / AIG170 22288, Uea3

LKK:

IDAC:

Surveyor:

m. Arvus

DOI:

ASSIGNMENT

22/11/17

Date / Time:

22/11/17

Registered in Merimen:

22/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SCV 81816

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS

D.O.A : 18/11/17

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

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

GBO 4301K

INSRS:
WSP: Kowin
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBO 4301K - 06/11/17 15:05 7887-26352 ; 00A: 16/9/15	Non-Reporting ltr (1st):	
	SCV 81816 - 03/11/17 15:09 9320/71+y3q2 ; 00A: 2/6/15	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\$		
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:	

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	3212N
Vehicle Details	
Vehicle No.	GBD4301K
Vehicle to be Exported	No
Intended De-registration Date	22 Nov 2017
Vehicle Make	TOYOTA
Vehicle Model	TOYOTA DYNA 150 MANUAL
Primary Colour	Silver
Manufacturing Year	2014
Engine No.	1KD2453551
Chassis No.	JTFAT35Y90K203721
Maximum Power Output	-
Open Market Value	\$27,856.00
Original Registration Date	21 Oct 2014
First Registration Date	21 Oct 2014
Transfer Count	0
Actual ARF Paid	\$1,393.00
Intended PARF Rebate Details	
PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	\$0.00
Intended COE Rebate Details	
COE Expiry Date	20 Oct 2024
COE Category	C - Goods Vehicle & Bus
COE Period(Years)	10
QP Paid	\$49,901.00
COE Rebate Amount	\$34,478.00
Total Rebate Amount	\$34,478.00

The information contained herein is correct as at 22 Nov 2017

OK