

INS. CASE OWNER:

Gerald

CC 4/LPC17022322 / K2A3

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

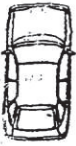
ASSIGNMENT

22/11/17

Date / Time :

22/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. :

YP 5176M

Name of Insured :

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

20/11/17

Is driver the owner?

( YES / NO )

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

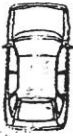
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SJK 2895U



INSRS:

WSP: City Auto

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/Time |                         | STAGE                             | DATE / PIC                                        |
|-----------|-------------------------|-----------------------------------|---------------------------------------------------|
|           | SJK 2895U-X, YP 5176M-X | Non-Reporting ltr (1st):          |                                                   |
|           |                         | 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)  | <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: |
|--------------------|------------|----------|

|              |            |                      |                                                              |
|--------------|------------|----------------------|--------------------------------------------------------------|
| FINALIZATION | Date/Time: | Confirm with:        | Confirm by:                                                  |
| Repair Cost: | S\$        | ( days) Reduction: % | Email <input type="checkbox"/> Call <input type="checkbox"/> |

|                  |            |                                    |                                                              |
|------------------|------------|------------------------------------|--------------------------------------------------------------|
| 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) |  |

|                                                                                                         |                 |
|---------------------------------------------------------------------------------------------------------|-----------------|
| LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> | [Tick only one] |
| GIA/LTA Search                                                                                          | S\$             |
| Medical:                                                                                                | S\$             |
| Disbursement:                                                                                           | S\$             |
| Legal Cost                                                                                              | S\$             |
| Total:                                                                                                  | S\$             |

|                 |     |                                               |
|-----------------|-----|-----------------------------------------------|
| GLOBALTA Search | S\$ |                                               |
| Medical:        | S\$ |                                               |
| Disbursement:   | S\$ | 1) Claim status: Normal/Reject/Private Settle |
| Legal Cost      | S\$ | 2) Report Format:                             |
|                 |     | 3) Survey fee:                                |

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:



## Enquire PARF/COE Rebate for Registered Vehicle

|                                     |                   |
|-------------------------------------|-------------------|
| <b>Vehicle Owner Particulars</b>    |                   |
| Owner ID Type                       | Singapore NRIC    |
| Owner ID                            | 27211             |
| <b>Vehicle Details</b>              |                   |
| Vehicle No.                         | SJK2895U          |
| Vehicle to be Exported              | No                |
| Intended De-registration Date       | 23 Nov 2017       |
| Vehicle Make                        | SUZUKI            |
| Vehicle Model                       | SWIFT 1.2XG A     |
| Primary Colour                      | Silver            |
| Manufacturing Year                  | 2008              |
| Engine No.                          | K12B1030992       |
| Chassis No.                         | ZC715425488       |
| Maximum Power Output                | 66.0 kW (88 bhp)  |
| Open Market Value                   | \$13,320.00       |
| Original Registration Date          | 14 Oct 2008       |
| First Registration Date             | 14 Oct 2008       |
| Transfer Count                      | 3                 |
| Actual ARF Paid                     | \$13,320.00       |
| <b>Intended PARF Rebate Details</b> |                   |
| PARF Eligibility                    | Yes               |
| PARF Eligibility Expiry Date        | 13 Oct 2018       |
| PARF Rebate Amount                  | \$6,660.00        |
| <b>Intended COE Rebate Details</b>  |                   |
| COE Expiry Date                     | 13 Oct 2018       |
| COE Category                        | E - Open Category |
| COE Period(Years)                   | 10                |
| QP Paid                             | \$15,661.00       |
| COE Rebate Amount                   | \$1,303.00        |
| <b>Total Rebate Amount</b>          | <b>\$7,963.00</b> |

The information contained herein is correct as at 23 Nov 2017

OK



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Last updated on 19 Nov 2017 at 12:12 AM