

INS. CASE OWNER:

CC3 / III 17022608 1 Kya3

LKK:
IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

27/11/17

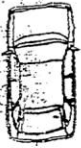
Date / Time:

27/11/17

Registered in Merimen:

28/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7141U

Name of Insured :

Insured Tel No. : HP:

Excess Sec II : S\$ D.O.A : 14/11/17

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

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

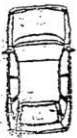
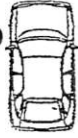
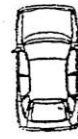
Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SHC 5554A

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	STAGE	DATE / PIC
SHC 5554A7 - CC3 / AIG 16015369 / Kyg3g2 DOA: 15/08/16	Non-Reporting ltr (1st):	
- NA / AXA 08008653 / S1 DOA: 10/03/08	Non-Reporting ltr (2nd):	
SHC 7141U7 - CC3 / AIG 10017405 / DAI 2v2 DOA: 29/02/10	Non-Reporting ltr (Final):	
- CC3 / AIG 10025605 / Da2r/k2 DOA: 18/12/10	Notification ltr (if non-pickup):	
- CS3 / FCI 16022985 / Gghm2 DOA: 28/11/16	Call OI:	
- NA / INC 16022798 / h4 DOA: 28/11/16	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	3878K
Vehicle Details	
Vehicle No.	SHC5554A
Vehicle to be Exported	Yes
Intended De-registration Date	16 Nov 2017
Vehicle Make	RENAULT
Vehicle Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour	Red
Manufacturing Year	2014
Engine No.	M9R8839C001979
Chassis No.	VF1ABL15AUC279244
Maximum Power Output	127.0 kW (170 bhp)
Open Market Value	\$19,998.00
Original Registration Date	15 Sep 2014
First Registration Date	15 Sep 2014
Transfer Count	0
Actual ARF Paid	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	14 Sep 2022
PARF Rebate Amount	\$9,373.00
Intended COE Rebate Details	
COE Expiry Date	14 Sep 2022
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$50,704.00
COE Rebate Amount	\$30,607.00
Total Rebate Amount	\$39,980.00
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 16 Nov 2017