15/5/2010

INS. CASE OWNER: CC 3 / AIG1702 3033 / Kya3

LKK:

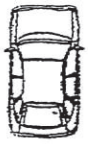
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 04/12/17 Date / Time: 04/12/17

Registered in Merimen: 05/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SKD 6777B

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 28/11/17

Is driver the owner? (YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

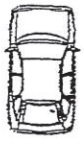
If NO, Driver Name / Age :

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

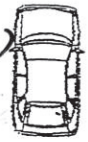
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

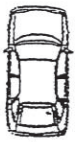
SHD 914Y → → →



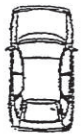
INSRS:
WSP: Trans-Cab (AMK)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel.:
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 914Y - CC3/AIG1102554A/Ka2-1g2 DOA: 07/02/11
	- CC3/CAI1400399/Kpm3u2 DOA: 14/02/14
	- CC3/III5003404/Kz93q2 DOA: 24/02/15
	- CS/FCI1101361B/DyM DOA: 01/07/11
	- CS/LPC1102064S/Kttk3 DOA: 31/01/11
	- NA/INC1602185Z/S4 DOA: 15/11/16
	SKD 6777B - CC3/AIG1702286Z/Arb DOA: 28/11/17

STAGE	DATE / PIC
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)		
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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
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:	

ASS. REC. BY: Kenneth

REF: A16 /

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 9 B-1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD 9147 Yr Regn: 09 / 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Nissan Latio c.c 1995

Colour M. White 1Re A/C: Insured / Std / NI / NA

Sp.Reading 83317 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC·283249

Gen. 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: Prime Well 215/60R16

R: Falken

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	9 mm	R/Bal.	8 mm
L/Bal.	9 mm	L/Bal.	8 mm
D.O.A.	28/11/17	D.O.I.	4/12/17

Survey held at _____

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

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

Date / Time	Action / Instruction
5/12	File pass to Catherine
"	$2926.19

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	3878K

Vehicle Details

Vehicle No.	SHD914Y
Vehicle to be Exported	Yes
Intended De-registration Date	01 Dec 2017
Vehicle Make	RENAULT
Vehicle Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour	Red
Manufacturing Year	2015
Engine No.	M9R8839C003156
Chassis No.	VF1ABL15AUC283249
Maximum Power Output	127.0 kW (170 bhp)
Open Market Value	$19,998.00
Original Registration Date	30 Sep 2016
First Registration Date	30 Sep 2016
Transfer Count	0
Actual ARF Paid	$19,998.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	29 Sep 2024
PARF Rebate Amount	$14,998.00

Intended COE Rebate Details

COE Expiry Date	29 Sep 2024
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	$42,672.00
COE Rebate Amount	$34,137.00
Total Rebate Amount	**$49,135.00**

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon