15/5/2010

INS. CASE OWNER: CC 3/AXA170 2 3177 / Kyas

LKK:

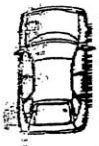
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 05/12/17 Date / Time : 05/12/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SFY 7342P

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

D.O.A : 02/12/17

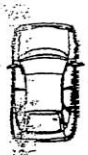
Place of Accident :

Nature of Accident :

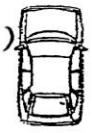
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

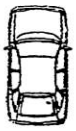
SHB 9694H →



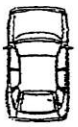
INSRS:
WSP: Trans - Cab (AMK)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB 9694H - CC3/AXA1102612S/Kbc3q2 DOA: 19/12/11
	S - NA/ZNC0802474415 DOA: 07/09/08
	SFY 7342P - X

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: AD1

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: 06 days Res.: **Yes** or **No**

Lum Sum: 20 % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: SJB 9694H Yr Regn: 07 13

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

Make: Renault Latitude c.c 1995

Colour M. White IRI A/C: **Insured / Std / NI / NA**

Sp.Reading 127211 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: VF1ABL15AUC 273102

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: 215/60R16

R: ——— —

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	8 mm
L/Bal.	6 mm	L/Bal.	8 mm
D.O.A.	2/12/17	D.O.I.	5/12/17

Survey held at _____

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

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

Date / Time	Action / Instruction
6/12	File pass to Catherine
"	Lising @ 8600

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: ___S + 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.	SHB9694H
Vehicle to be Exported	Yes
Intended De-registration Date	04 Dec 2017
Vehicle Make	RENAULT
Vehicle Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour	Red
Manufacturing Year	2013
Engine No.	M9R8839C000176
Chassis No.	VF1ABL15AUC273102
Maximum Power Output	127.0 kW (170 bhp)
Open Market Value	$19,998.00
Original Registration Date	18 Jul 2013
First Registration Date	18 Jul 2013
Transfer Count	0
Actual ARF Paid	$12,498.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	17 Jul 2021
PARF Rebate Amount	$9,373.00

Intended COE Rebate Details

COE Expiry Date	17 Jul 2021
COE Category	A - Car (1600cc & below)
COE Period(Years)	8
PQP Paid	$51,810.00
COE Rebate Amount	$23,432.00
Total Rebate Amount	**$32,805.00**

Message

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