

INS. CASE OWNER:

CC 3 / III 170 23292 / Keaz

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

ASSIGNMENT

06/12/17

Date / Time :

06/12/17

Registered in Merimen:

07/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. :

SHC 942X

Name of Insured :

Insured Tel No. :

Excess Sec II : SS

Is driver the owner?

(YES / NO)

If NO, Driver Name / Age :

Driver Tel No. :

Nature of Accident :

(V/L: YES / NO)

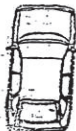
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHD 9935C



INSRS:

WSP: Trans-Cab CAMIC

Tel :

Liability :

RMKS:



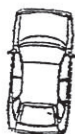
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time

SHD 9935C - X

SHC 942X

- CS/FCI15009250/RIG 341 DOA: 28/05/15

- CS/FCI17019978/UT02 DOA: 16/08/17

- CS/LAW09016096/UT01 DOA: 26/10/07

- NS/INC12022853/H1620 DOA: 24/11/12

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:

Repair Cost:

S\$

Confirm with:

FINAL SETTLEMENT

Date/Time:

Final Liability:

%

Confirm with

Repair Cost:

S\$

(Agreed / Assessed) BOLA S/N No. :

Loss of Rental (LOR):

S\$

Loss of Use (LOU):

S\$

(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\$

Legal Cost

S\$

(e.g. Tow/ Independent)

Total:

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

FINAL PAYMENT

Date/Time:

Global Sum S\$:

Payee 1:

S\$

Confirm with:

Payee 2: (Strike if N.A.)

S\$

Name 1:

Payee 3: (Strike if N.A.)

S\$

Name 2:

Name 3:

Email ☐ Call ☐

五 /

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	3878K
Vehicle Details	
Vehicle No.	SHD9935C
Vehicle to be Exported	Yes
Intended De-registration Date	06 Dec 2017
Vehicle Make	RENAULT
Vehicle Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour	Red
Manufacturing Year	2014
Engine No.	M9R8839C001330
Chassis No.	VF1ABL15AUC277894
Maximum Power Output	127.0 kW (170 bhp)
Open Market Value	\$19,998.00
Original Registration Date	05 Jun 2014
First Registration Date	05 Jun 2014
Transfer Count	0
Actual ARF Paid	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	04 Jun 2022
PARF Rebate Amount	\$9,373.00
Intended COE Rebate Details	
COE Expiry Date	04 Jun 2022
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$57,338.00
COE Rebate Amount	\$32,216.00
Total Rebate Amount	\$41,589.00
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 06 Dec 2017