

INS. CASE OWNER:

CC3 / CTI170 23620, Swa3

Surveyor:

ywk

DOI:

ASSIGNMENT

11-12-17

Date / Time :

11-12-17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 09-12-17

Make / Model :

Excess Sec II :S\$

D.O.A :

Place of Accident :

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

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHB 1783L



INSRS:

WSP:

Tel :

Liability :

RMKS:

SMK7, WL



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SHB 1783L - 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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	5369K
Vehicle Details	
Vehicle No.	SHB1783L
Vehicle to be Exported	No
Intended De-registration Date	12 Dec 2017
Vehicle Make	TOYOTA
Vehicle Model	PRIUS TAXI (SMRT)
Primary Colour	Maroon
Manufacturing Year	2015
Engine No.	2ZR1666444
Chassis No.	JTDKN36U105767364
Maximum Power Output	100.0 kW (134 bhp)
Open Market Value	\$29,508.00
Original Registration Date	05 Feb 2016
First Registration Date	05 Feb 2016
Transfer Count	0
Actual ARF Paid	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	04 Feb 2024
PARF Rebate Amount	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date	04 Feb 2024
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$43,040.00
COE Rebate Amount	\$33,064.00
Total Rebate Amount	\$36,814.00
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 12 Dec 2017



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