

INS. CASE OWNER:

CC 3 / LCR17024580 / Kps3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

2 / 12 / 17

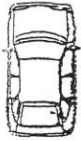
Date / Time:

27/12/17

Registered in Merimen:

28/12/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 4609T

Claim No. : _____

Name of Insured : LCR

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS _____ D.O.A. : 23/12/17

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. :

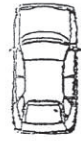
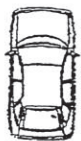
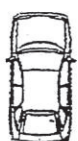
(V/L: YES / NO)

Insured Liability : _____

%

Final ? Yes / No

SHD 3852

INSRS:
WSP: Trans-Gab (Amk)
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC
SHD 3852 - CC/FCI10012672/Dhr1 DOA: 25/06/10	Non-Reporting ltr (1st):	
SLK 4609T - X	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:	Post-Repair Photos:	
Sent By:	Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	SS\$ (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:	SS\$		
Loss of Rental (LOR):	SS\$ (days)		
Loss of Use (LOU):	SS\$ (\$ x days)		
Loss of Income (LOI):	SS\$ (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	SS\$		
Medical:	SS\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS\$ (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	SS\$		3) Survey fee:
Total:	SS\$	Global Sum SS\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	SS\$	Name 1:	
Payee 2: (Strike if N.A.)	SS\$	Name 2:	
Payee 3: (Strike if N.A.)	SS\$	Name 3:	

ASS. REC. BY:

REF:

A.G.1

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

01

days

Res.: Yes or No

Lum Sum:

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 3852

Yr Regn:

06, 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Perant Latitude

c.c

1985

Colour

n. white / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

220637

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VIFIABL 15AUC 28 2683

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:

Prime well 215/60R16

ling R: long

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

Front

R/Bal.

9

mm

Rear

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

23/12/17

D.O.I.

27/12/17

Survey held at

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

O/S 1st

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

Date / Time

Action / Instruction

112 file pass to Customer

Data/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Data/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHD385Z
Vehicle to be Exported:	Yes
Intended De-registration Date:	27 Dec 2017
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003064
Chassis No.:	VF1ABL15AUC282683
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	10 Jun 2016
First Registration Date:	10 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Jun 2024
PARF Rebate Amount:	\$14,998.00
Intended COE Rebate Details	

COE Expiry Date:	09 Jun 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$37,164.00
COE Rebate Amount:	\$29,731.00
Total Rebate Amount:	\$44,729.00
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 27 Dec 2017

OK