

15/5/2010

INS. CASE OWNER:

CC 3 / AIG18000656 / Kess

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

09/01/18

Date / Time :

09/01/18

Registered in Merimen:

11/01/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLG 8386C

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

08/01/18

Place of Accident :

Is driver the owner?

(YES / NO)

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

SJS 11592

SLG 8386C

SHB 9825Y



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP: Tunc-Gel Omer

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE/PIC
SHB 9825Y - CC2/FCE14015392/Kgbd1 DOA: 11/04/14	Non-Reporting ltr (1st):	
- CC3/FCE14019129/Kgbd1 DOA: 13/06/14	Non-Reporting ltr (2nd):	
- CS/FCE17021324/Kgbd2 DOA: 03/11/17	Non-Reporting ltr (Final):	
SLG 8386C - X	Notification ltr (if non-pickup):	
	Call Of:	
	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: \$\$	(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: \$\$		
Loss of Rental (LOR): \$\$	(days)	
Loss of Use (LOU): \$\$	(\$ x days)	
Loss of Income (LOI): \$\$	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search: \$\$		
Medical: \$\$		1) Claim status: Normal/Reject/Private Settle
Disbursement: \$\$	(e.g. Tow/Independent)	2) Report Format:
Legal Cost: \$\$		3) Survey fee:
Total: \$\$	Global Sum \$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: \$\$	Name 1:	
Payee 2: (Strike if N.A.) \$\$	Name 2:	
Payee 3: (Strike if N.A.) \$\$	Name 3:	

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 3878K

Vehicle Details

Vehicle No.: SHB9825Y

Vehicle to be Exported: Yes

Intended De-registration Date: 08 Jan 2018

Vehicle Make: RENAULT

Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR

Primary Colour: Red

Manufacturing Year: 2013

Engine No.: M9R8839C000310

Chassis No.: VF1ABL15AUC273315

Maximum Power Output: 127.0 kW (170 bhp)

Open Market Value: \$19,998.00

Original Registration Date: 20 Aug 2013

First Registration Date: 20 Aug 2013

Transfer Count: 0

Actual ARF Paid: \$12,498.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 19 Aug 2021

PARF Rebate Amount: \$9,373.00

Intended COE Rebate Details

COE Expiry Date:	19 Aug 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$54,952.00
COE Rebate Amount:	\$24,817.00
Total Rebate Amount:	\$34,190.00

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 08 Jan 2018

OK