

15/5/2010

INS. CASE OWNER:

CC3 / AXA18000672 / Kys3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

09/01/18

Date / Time:

09/01/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLL 2187B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : 07/01/18

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

SHC 5940T

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

Date / Time	STAGE	DATE / PIC
SHC 5940T - CC3 / FCI 15013691 / KAC2 DOA: 09/08/15	Non-Reporting ltr (1st):	
- CS / TP 11020764 / KCH1 DOA: 20/12/10	Non-Reporting ltr (2nd):	
- CS / TP 11024651 / KCH1 DOA: 26/02/11	Non-Reporting ltr (Final):	
- NA / INC 09018734 / r	Notification ltr (if non-pickup):	
SLL 2187B - X	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:	
Send By:	Others:	
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:	

NAME:
Kenneth

ASSIGNMENT

Date:

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
11/1	File p90 to Corbin

3

Others:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	3878K

Vehicle Details

Vehicle No.:	SHC5940T
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:	2015
Engine No.:	M9R8839C002517
Chassis No.:	VF1ABL15AUC281461
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	23 Mar 2015
First Registration Date:	23 Mar 2015
Transfer Count:	0
Actual ARF Paid:	\$12,498.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Mar 2023
PARF Rebate Amount:	\$9,373.00

Intended COE Rebate Details

COE Expiry Date:	22 Mar 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,092.00
COE Rebate Amount:	\$33,237.00
Total Rebate Amount:	\$42,610.00

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