15/5/2010

INS. CASE OWNER: CC3/III1800793 / Kus3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 11/01/18 Date / Time: 11/01/18

Registered in Merimen: 12/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SH 8134C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 08/01/18 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 5917L → → →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 59179 - CC2/FCJ1600609/Kvbd1 DOA: 28/06/15
	J - CCu/AIG0901435/Yah DOA: 17/9/09
	SH 8134C - CC3/CTJ1700972w4/Hlyg3a2 DOA: 14/04/17
	- Cd/MSG/6459464/M1q2m2 DOA: 19/10/16
	- NA/SNC/1611398L/1 DOA: 12/05/11
	- NS/JNC/1009014/H1fg1 DOA: 12/05/11
	- NS/JNC/1501057S/H1gy3d1 DOA 18/06/15

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:		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 + LO ☐ [Tick only one]	
GIA/LTA Search	S$			
Medical:	S$			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$		(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$			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:		

ASS. REC. BY: Kenneth

REF: IV /

ASSIGNMENT

From: ____ Date: ____

Estimated Cost: ____

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

To Inspect Vehicle No: ____

at Workshop m/s Tars Cab

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 Rport: ____ Consistent? : Yes or No

GIA / PR Seen: ____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.B / % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ____ Person Contacted: ____

Veh No: SHC 5917L Yr Regn: 03, 15

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover / Truck / Trailer or ____

Make: Renault Latitude c.c 1995

Colour: M. White / Red A/C: Insured / Std / Nil / NA

Sp.Reading 264655 T/Radio: Insured / Std / Nil / NA

Eng/No: ____

C/No: VF1ABL15AUC 281246

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: F: 215/60R16

R: ____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	6 mm
L/Bal.	8 mm	L/Bal.	6 mm
D.O.A.	8/1/18	D.O.I.	11/1/18

Survey held at ____

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

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

Date / Time	Action / Instruction
12/1	File pass to Catherine
	® 3550.19

Date/Time, File Pass to?

1) ____

Date/Time, File Return to?

2) ____

☐ : Prell. Report

☐ : Final Report

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: (S ____)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	3878K

Vehicle Details

Vehicle No.:	SHC5917L
Vehicle to be Exported:	Yes
Intended De-registration Date:	09 Jan 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C002351
Chassis No.:	VF1ABL15AUC281246
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	$19,998.00
Original Registration Date:	16 Mar 2015
First Registration Date:	16 Mar 2015
Transfer Count:	0
Actual ARF Paid:	$12,498.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Mar 2023
PARF Rebate Amount:	$9,373.00

Intended COE Rebate Details

COE Expiry Date:	15 Mar 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	$51,092.00
COE Rebate Amount:	$33,099.00
Total Rebate Amount:	**$42,472.00**

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 09 Jan 2018

OK