

15/5/2010

INS. CASE OWNER: Sahha | CC 61AIG18001903 1U/53 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 05/02/18 Date / Time: 31/01/18
Registered in Merimen: 31/01/18

Pre-assign / CCU / FTE



Insured Vehicle No. : PJK 8224S Claim No. : 75362959956
Name of Insured : ORANGE LEASING PTE LTD Policy No. :
Insured Tel No. : HP: Make / Model : HYUNDAI AVANTE
Excess Sec II :\$\$ D.O.A : 15/01/18 Place of Accident : BRADDELL TOWARDS SERANGGAM
Is driver the owner? (YES NO) Nature of Accident :
If NO, Driver Name / Age : TAN ROCK HONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : 97121980 (VL: YES / NO) Insured Liability : % Final ? Yes / No

XD 9476X



INSRS: WSP: Vfx Auto
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:



INSRS: WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>05/02/18 (20mi)</u>	<u>XD 9476X - NSR/MSG15020540/CI DOA 11/11/15</u> <u>PJK 8224S - X</u>	
	<u>Please refer to the video accident has been uploaded inside merimen.</u>	
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Confirm 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: \$\$(days)

Loss of Rental (LOR): \$\$(days)

Loss of Use (LOU): \$\$(x days)

Loss of Income (LOI): \$\$(x days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search: \$\$(days)

Medical: \$\$(days)

Disbursement: \$\$(e.g. Tow/ Independent)

Legal Cost: \$\$(days)

Total: \$\$(days) **Global Sum \$:**

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: \$\$(days) Name 1:
Payee 2: (Strike if N.A.) \$\$(days) Name 2:
Payee 3: (Strike if N.A.) \$\$(days) Name 3:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	7586H

Vehicle Details

Vehicle No.:	XD9476X
Vehicle to be Exported:	No
Intended De-registration Date:	05 Feb 2018
Vehicle Make:	SCANIA
Vehicle Model:	P360LA4X2MSZ
Primary Colour:	Multi-Colour
Manufacturing Year:	2014
Engine No.:	6805020
Chassis No.:	YS2P4X20005345398
Maximum Power Output:	-
Open Market Value:	\$102,579.00
Original Registration Date:	11 Sep 2014
First Registration Date:	11 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$5,129.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	10 Sep 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$52,390.00
COE Rebate Amount:	\$34,562.00
Total Rebate Amount:	\$34,562.00

The information contained herein is correct as at 05 Feb 2018

OK