

15/5/2010

INS. CASE OWNER:

CC 3 / LCR18003288 / KWS2

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

20/02/13

Date / Time:

20/02/13

Registered in Merimen:

21/02/13

Pre-assign / CCU / FTE



Insured Vehicle No. : 9LL 2832Y

Claim No. : _____

Name of Insured : LCR

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ \$ D.O.A. : 15/02/13

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

SHB 9950T

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	STAGE	DATE / PIC
SHB 9950T - X ; 9LL 2832Y - X	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: \$ \$	(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 \$ \$		1) Claim status: Normal/Reject/Private Settle
Medical: \$ \$		2) Report Format:
Disbursement: \$ \$	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost \$ \$		
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:	

ASS. REC. BY:

REF:

A16 /

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

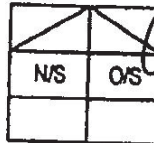
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

S14B99507

Yr Regn: 09, 13

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

Truck / Trailer or _____

Make: _____

Perodua Latitude

C.C. 1995

Colour _____

M. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading _____

344894

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

V171 ABL15AUC. 273390

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: _____

F: City 215/60R16

Ling R: Low

BS / DUN / EXNOVA / G / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. _____

9 mm

R/Bal. _____

9 mm

L/Bal. _____

9 mm

L/Bal. _____

9 mm

D.O.A. _____

15/2/18

D.O.I. _____

20/2/18

Survey held at _____

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

O/S 151

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

Date / Time

Action / Instruction

21/2 File pass to Derek
11 Sep 81900

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: _____

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Photos _____

Others _____

Report Format: _____

Lump Sum / L.B.I: (\$ _____)

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	3878K

Vehicle Details

Vehicle No.:	SHB9950T
Vehicle to be Exported:	Yes
Intended De-registration Date:	20 Feb 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	M9R8839C000256
Chassis No.:	VF1ABL15AUC273390
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	30 Sep 2013
First Registration Date:	30 Sep 2013
Transfer Count:	0
Actual ARF Paid:	\$12,498.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Sep 2021
PARF Rebate Amount:	\$9,373.00

Intended COE Rebate Details

COE Expiry Date:	29 Sep 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$58,144.00
COE Rebate Amount:	\$26,225.00
Total Rebate Amount:	\$35,598.00

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 20 Feb 2018

OK