

INS. CASE OWNER:

Staley

CC 4 / ASM1800 3378 , U1ca3

LKK:

IDAC:

31689

Surveyor:

MARLINS

DOI:

ASSIGNMENT

28/2/18

Date / Time :

22/07/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : PC 2015P

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S\$

D.O.A : 25/01/18

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

58m0090u

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

G28794U



INSRS:

WSP:

Tel :

Liability :

RMKS:

Lin Brother



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
628794 U- X; PC 2015 P- 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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	
Payment Breakdown Form:	<input type="checkbox"/>	
Post-Repair Photos:	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	
PRELIMINARY ADVICE Date/Time: 2/3/18 Sent By: [Signature]		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost:	S\$ (days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	
Legal Cost	S\$	
Total:	S\$ Global Sum S\$:	
FINAL PAYMENT Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$ Name 1:	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3585C
Vehicle Details	
Vehicle No.:	GZ8794U
Vehicle to be Exported:	No
Intended De-registration Date:	22 Feb 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	FB70ABOSRDEB
Primary Colour:	White
Manufacturing Year:	2006
Engine No.:	4M40HC9281
Chassis No.:	FB70ABA00708
Maximum Power Output:	-
Open Market Value:	\$18,184.00
Original Registration Date:	27 Sep 2006
First Registration Date:	27 Sep 2006
Transfer Count:	3
Actual ARF Paid:	\$910.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-

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Maximum Power Output:	-
Open Market Value:	\$18,184.00
Original Registration Date:	27 Sep 2006
First Registration Date:	27 Sep 2006
Transfer Count:	3
Actual ARF Paid:	\$910.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Sep 2021
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$24,044.00
COE Rebate Amount:	\$17,229.00
Total Rebate Amount:	\$17,229.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 27 Feb 2018

OK