

15/5/2010

INS. CASE OWNER:

CC3 / AIG18004026 / Kis3

LKK:
IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

28/02/18

Date / Time :

27/02/18

Registered in Merimen:

01/03/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 6011C

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 27/02/18

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

SHB 9710U



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



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Table with columns: Date/ Time, STAGE, DATE/ PIC. Includes rows for Non-Reporting ltr (1st, 2nd, Final), Notification ltr, Call OI, After call ltr to OI, Documentation Check List (Notification ltr, After call ltr, 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 + LOU [Tick only one] GIA/LTA Search S\$ Medical: S\$ Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$ Total: S\$ Global Sum S\$: 1) Claim status: Normal/Reject/Private Settle

Disbursement: S\$ 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:

REF: AG 1

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Trans 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
<u>OK</u>	

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ 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: S1AB 9710U Yr Regn: CA 13

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

Truck / Traller or \_\_\_\_\_

Make: Renault Latitude c.c. 1995

Colour M. White / 1 Per AC: Insured / Std / NI / NA

Sp. Reading 557107 T/Radio: Insured / Std / NI / NA

Eng/No: 449289

C/No: VFIABL15AMC 273291

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NIL / S/Rim / STD A/Rim or

Tyre Size: F: Giti 215/60R16

Primer: well

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

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 8 mm

L/Bal. 7 mm L/Bal. 8 mm

D.O.A. 27/2/18 D.O.I. 28/2/18

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Body / O/S / N/S / UIC / Rooftop or None Nil

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

Date / Time	Action / Instruction
<u>1/3</u>	<u>File pass to Customer</u>
	<u>L1 Per &amp; 270d</u>

Date/Time, File Pass to?  : Prell. Report  : Final Report

1) \_\_\_\_\_ Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:	_____
Transportation:	_____
_____ S - RS. _____ SI	_____
Photos	_____
Others	_____
TOTAL	_____

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  : Interview (\$ \_\_\_\_\_)  : Tech Invs (\$ \_\_\_\_\_)  : Weekend (\$ \_\_\_\_\_)

Report Format :

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company  
Owner ID: 3878K

### Vehicle Details

Vehicle No.: SHB9710U  
Vehicle to be Exported: Yes  
Intended De-registration Date: 28 Feb 2018  
Vehicle Make: RENAULT  
Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR  
Primary Colour: Red  
Manufacturing Year: 2013  
Engine No.: M9R8839C000399  
Chassis No.: VF1ABL15AUC273291  
Maximum Power Output: 127.0 kW (170 bhp)  
Open Market Value: \$19,998.00  
Original Registration Date: 18 Jul 2013  
First Registration Date: 18 Jul 2013  
Transfer Count: 0  
Actual ARF Paid: \$12,498.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 17 Jul 2021  
PARF Rebate Amount: \$9,373.00

### Intended COE Rebate Details

COE Expiry Date:	17 Jul 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$51,810.00
COE Rebate Amount:	\$21,883.00
<b>Total Rebate Amount:</b>	<b>\$31,256.00</b>

#### 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 28 Feb 2018

OK