15/5/2010

INS. CASE OWNER: CC3 / 1111800403 2 / Kys3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 03/02/18 Date / Time : 28/02/18

Registered in Merimen: 02/03/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 9104A

Name of Insured :

Insured Tel No. : HP:

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

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % **Final ? Yes / No**

SHA 9104A (OL) → SHC 5714E (TP) → SJY 270L → ____

SHA 9104A (OL)	SHC 5714E (TP)	SJY 270L	____
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP: Trans-Cab (M)	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHC 5714E - CC3/AXA1300104/Kv1B3v2 DOA: 09/02/18
	SHA 9104A - X

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. :
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 + LOI ☐ [Tick only one]		
GIA/LTA Search	S$	
Medical:	S$	
Disbursement:	S$	(e.g. Tow/ Independent)
Legal Cost	S$	
Total:	S$	**Global Sum S$:**

If NO or B 28, Ass. Lia :

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Email ☐ Call ☐

FINAL PAYMENT Date/Time: Confirm with:

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: Tu /

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

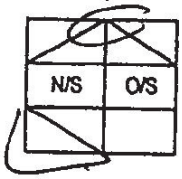
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 15 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: SHC 5714E Yr Regn: 11, 14

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

Make: Renault Latitude c.c 1995

Colour m.White (Red) A/C: Insured / Std / NI / NA

Sp.Reading 307781 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1AB15AUC 280319

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: Giti 215/60R16

R: Falken

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	7 mm
L/Bal.	6 mm	L/Bal.	7 mm
D.O.A.	27/2/18	D.O.I.	28/2/18

Survey held at _____

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

Rear N/S & RH

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

Date / Time	Action / Instruction
1/3	File pass to Corhina

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 ($ _____)

Report Format :

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

Survey Fee:	
Transportation:	$ • RS. SI
Photos	
Others	
TOTAL	

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	3878K

Vehicle Details

Vehicle No.:	SHC5714E
Vehicle to be Exported:	Yes
Intended De-registration Date:	27 Feb 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C002279
Chassis No.:	VF1ABL15AUC280319
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	$19,998.00
Original Registration Date:	28 Nov 2014
First Registration Date:	28 Nov 2014
Transfer Count:	0
Actual ARF Paid:	$12,498.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Nov 2022
PARF Rebate Amount:	$9,373.00

Intended COE Rebate Details

COE Expiry Date:	27 Nov 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	$51,337.00
COE Rebate Amount:	$30,481.00
Total Rebate Amount:	**$39,854.00**

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 27 Feb 2018

OK