

15/5/2010

INS. CASE OWNER:

Joyce

CC 3 / QBE18004224 / Kys3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

02/03/13

Date / Time :

02/03/13

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : XD 9317Y

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$5 _____ D.O.A : 24/02/13

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. :

(VL: YES / NO)

Insured Liability : %

Final ? Yes / No

SHC 59042



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



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Date / Time	STAGE	DATE / PIC
SHC 59042 - CC/TP 11015034 / KCS DOA: 23/02/11	Non-Reporting ltr (1st):	
XD 9317Y - CC4/QBE18004224 / M1111111 DOA: 27/02/11	Non-Reporting ltr (2nd):	
- CC4/QBE18004224 / M1111111 DOA: 27/02/11	Non-Reporting ltr (Final):	
- NATENG 4019937 / 1,3 DOA: 10/10/14	Notification ltr (if non-pickup):	
- NGA 11117019651 / 1 DOA: 2/10/12	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"/>

PRELIMINARY ADVICE Date/Time: 05/03/13 Sent By: Shirley New

FINALIZATION Date/Time: Confirm with: Confirm by: Repair Cost: \$5 (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: \$5 Loss of Rental (LOR): \$5 (days) Loss of Use (LOU): \$5 (x days) Loss of Income (LOI): \$5 (\$ x days)

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

GIA/LTA Search \$5 Medical: \$5 Disbursement: \$5 (e.g. Tow/ Independent) Legal Cost \$5

Total: \$5 Global Sum \$5: 1) Claim status: Normal/Reject/Private Settle

FINAL PAYMENT Date/Time: Confirm with: Email Call 2) Report Format:

Payee 1: \$5 Name 1: 3) Survey fee:

Payee 2: (Strike if N.A.) \$5 Name 2:

Payee 3: (Strike if N.A.) \$5 Name 3:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 3878K

Vehicle Details

Vehicle No.: SHC5904Z
Vehicle to be Exported: Yes
Intended De-registration Date: 26 Feb 2018
Vehicle Make: RENAULT
Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour: Red
Manufacturing Year: 2014
Engine No.: M9R8839C002374
Chassis No.: VF1ABL15AUC280978
Maximum Power Output: 127.0 kW (170 bhp)
Open Market Value: \$19,998.00
Original Registration Date: 18 Dec 2014
First Registration Date: 18 Dec 2014
Transfer Count: 0
Actual ARF Paid: \$12,498.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 17 Dec 2022
PARF Rebate Amount: \$9,373.00

Intended COE Rebate Details

COE Expiry Date:	17 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,668.00
COE Rebate Amount:	\$31,044.00
Total Rebate Amount:	\$40,417.00

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 26 Feb 2018

OK