

15/5/2010

INS. CASE OWNER:

CC 3 / LCR18004878 / Kjs3

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

13/03/13

Date / Time:

12/03/13

Registered in Merimen:

14/03/13

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLQ 866L

Claim No.:

Name of Insured:

LCR

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

07/01/13

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SHC 5045C



INSRS:

WSP: Trans-Gab Camk 7

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE/ PIC
SHC 5045C - CC2/ATG/4017305/Kjs3w2 DOA: 10/09/14	Non-Reporting ltr (1st):	
- CC3/ATG/4017322/Kjs3S2 DOA: 25/03/14	Non-Reporting ltr (2nd):	
- CC2/ATG/4017341/Kjs3S2 DOA: 24/07/16	Non-Reporting ltr (Final):	
- CC3/LCR/3001449/Kjs3 DOA: 12/01/13	Notification ltr (if non-pickup):	
- CC3/LCR/3002523/Kjs3S2 DOA: 05/02/13	Call OI:	
- CC4/AV/17020537/Agc3S2 DOA: 21/10/17	After call ltr to OI:	
- CS/FCI/7020522/Kjs3 DOA: 19/10/17	Documentation Check List: Handler Typist	
SLQ 866L - X	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:
Repair Cost:	\$S	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:
Repair Cost:	\$S	
Loss of Rental (LOR):	\$S	(days)
Loss of Use (LOU):	\$S	(S x days)
Loss of Income (LOI):	\$S	(S x days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [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:
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:

A161

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 Cob

of _____

Insured: _____

Policy No. _____

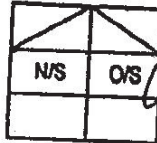
Claims No. _____

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 5045C Yr Regn: 12, 13

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

Truck / Trailer or A1Make: Renault Latitude C.C. 1995Colour M. White / AW A/C: Insured / Std / NI / NASp. Reading 842452 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFIABL15AUC 276053

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil S/Rim / STD A/Rim orTyre Size: F: Giti 215/60R16Ling long R: Giti

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 7/3/18

Survey held at

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

14 o/s door

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

Date / Time

Action / Instruction

14/3 File 1991 to Corby
11Bmp & 1500L

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S - RS. \$

Photos

Others

TOTAL

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.: SHC5045C

Vehicle to be Exported: Yes

Intended De-registration Date: 08 Mar 2018

Vehicle Make: RENAULT

Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR

Primary Colour: Red

Manufacturing Year: 2013

Engine No.: M9R8839C000612

Chassis No.: VF1ABL15AUC276053

Maximum Power Output: 127.0 kW (170 bhp)

Open Market Value: \$19,998.00

Original Registration Date: 02 Dec 2013

First Registration Date: 02 Dec 2013

Transfer Count: 0

Actual ARF Paid: \$12,498.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 01 Dec 2021

PARF Rebate Amount: \$9,373.00

Intended COE Rebate Details

COE Expiry Date:	01 Dec 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$62,740.00
COE Rebate Amount:	\$29,256.00
Total Rebate Amount:	\$38,629.00

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 08 Mar 2018

OK