

INS. CASE OWNER:

CC 6 / LCR 1800 5025, Aja3

LKK:

IDAC:

Surveyor:

ADMAN

DOI:

ASSIGNMENT

15/3/18

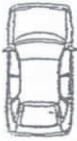
Date / Time:

15/3/18

Registered in Merimen:

16/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SJP 5516T

Claim No. : 6x

Name of Insured :

Policy No. :

Insured Tel No. : HP: 7/3/18

Make / Model :

Excess Sec II :SS D.O.A: 7/3/18

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

GBF 8541 Y

INSRS:
WSP: NHT
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

Date/ Time	STAGE	DATE / PIC
GBF 8541 Y	Non-Reporting ltr (1st):	
SJP 5516T	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:	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. :	Email <input type="checkbox"/> Call <input type="checkbox"/>
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:
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: 0433R

Vehicle Details

Vehicle No.: GBF8541Y

Vehicle to be Exported: Yes

Intended De-registration Date: 15 Mar 2018

Vehicle Make: NISSAN

Vehicle Model: NV350 PANEL VAN 2.5 5MT 5DR EURO V

Primary Colour: Silver

Manufacturing Year: 2016

Engine No.: YD25408758A

Chassis No.: JN1MC2E26Z0007384

Maximum Power Output: -

Open Market Value: \$23,668.00

Original Registration Date: 29 Mar 2017

First Registration Date: 29 Mar 2017

Transfer Count: 0

Actual ARF Paid: \$1,184.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date:	28 Mar 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$49,810.00
COE Rebate Amount:	\$39,848.00
Total Rebate Amount:	\$39,848.00

The information contained herein is correct as at 15 Mar 2018

OK