

15/5/2019

INS. CASE OWNER:

Irene

CC 3/CTI18005299 / Khs3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

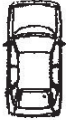
20/03/12

Date / Time :

20/03/12

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

9BE 1627K

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 15/03/12

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

CHF 786P



INSRS:

WSP: Trans-Cab (RMK)

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
CHF 786P - CC 3/CTI18005299 / Khs3 DCA: 12/03/12	Non-Reporting ltr (1st):	
- CC 3/CTI18005299 / Khs3 DCA: 12/03/12	Non-Reporting ltr (2nd):	
9BE 1627K - X	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:	
PRELIMINARY ADVICE Date/Time: 21/03/12 Sent By: Shirley Ho	Post-Repair Photos:	
	Others:	
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 + 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: 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: 0721

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 Ccb

of _____

Insured: _____

Policy No. _____

Claims No. _____

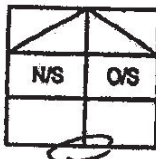
Sum Insured: _____ Excess: _____

(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 Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 2 1/2 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHF 786P Yr Regn: 06, 16

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

Truck / Trailer or

Make: Renault Latitude cc 1995

Colour M. White / R. AC: Insured / Std / NI / NA

Sp. Reading 284625 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC 283344

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: 215/60R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 15/3/18

Survey held at

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

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

Date / Time	Action / Instruction
21/3	File path to Catherine for injury
	85203.87

Date/Time, File Pass to?

☐: Prel. Report

1)

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

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.:	SHF786P
Vehicle to be Exported:	Yes
Intended De-registration Date:	16 Mar 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003383
Chassis No.:	VF1ABL15AUC283344
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	30 Jun 2016
First Registration Date:	30 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$19,998.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jun 2024
PARF Rebate Amount:	\$14,998.00

Intended COE Rebate Details

COE Expiry Date:	29 Jun 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$37,164.00
COE Rebate Amount:	\$29,202.00
Total Rebate Amount:	\$44,200.00

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 16 Mar 2018

OK