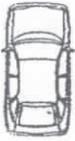| INS. CASE OWNER:	CC³ / AIG1800 8735 , Kpa3	LKK: IDAC:

ASSIGNMENT

Surveyor: _KSL_ DOI: _11-5.18_ Date / Time : _11518_

Registered in Merimen: _14.5.18_

Pre-assign / CCU / FTE

Insured Vehicle No. : _SLV 1228 D_   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : _10.05.2018_   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

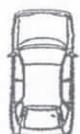Driver Tel No. :   (V/L: YES / NO)   Insured Liability : ___ %   **Final ? Yes / No**

PH1

SHF 6937 → _____ → _____ → _____ → _____

INSRS: WSP: _Trans- Cab_ Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SHF 6937- CC3/ASM1800103Y/E003 ; DOA: 15/07/18	Non-Reporting ltr (1st):	
	SLV1228D - X	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:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	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 + LOI ☐ [Tick only one]

GIA/LTA Search	S$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee:
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: A1G1

Kenneth

<table>
<tr><td>

From: _____ Date: _____

Estimated Cost: _____

<u>OD /TP /WS / TP RES / OD RES / EVA / INV / MV</u>

To Inspect Vehicle No: _____

at Workshop m/s   Trans Cab

of _____

Insured: _____

Policy No. _____
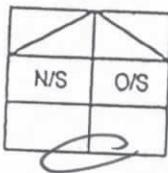
Claims No. _____

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: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

</td><td>

ASSIGNMENT

Veh No: SHF 6937   Yr Regn: 12, 16

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

Make: Renault Latitude   c.c 1995

Colour: M. White / Pw   A/C: Insured / Std / NI / NA

Sp.Reading 470601   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL 15AMC 281172

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: 215/60R16
            R: _____

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

Front   Rear
R/Bal. 9 mm   R/Bal. 8 mm
L/Bal. 9 mm   L/Bal. 8 mm
D.O.A. 10/5/18   D.O.I. 10/5/18

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.

</td></tr>
</table>

N/S | O/S

Date / Time	Action / Instruction
14/5	Fik pass to Cashum
	L/Dmp 85950l

Date/Time, File Pass to? [ ] : Prell. Report

1)

Date/Time, File Return to? [ ] : Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Report Format :

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

Add Fee: [ ] : Site Insp ($ _____)
         [ ] : Interview ($ _____)
         [ ] : Tech Invs ($ _____)
         [ ] : Weekend ($ _____)

Survey Fee: _____
Transportation: _____
  S + 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.:	SHF693Z
Vehicle to be Exported:	Yes
Intended De-registration Date:	10 May 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C002477
Chassis No.:	VF1ABL15AUC281172
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	$19,998.00
Original Registration Date:	31 Dec 2014
First Registration Date:	31 Dec 2014
Transfer Count:	0
Actual ARF Paid:	$12,498.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Dec 2022
PARF Rebate Amount:	$9,373.00

Intended COE Rebate Details

COE Expiry Date:	30 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	$51,668.00
COE Rebate Amount:	$29,948.00
Total Rebate Amount:	$39,321.00

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 10 May 2018

OK