

INS. CASE OWNER:

CC 4, III 1900 4915, KI 1a3

IDAC:

Surveyor:

MSNL

ASSIGNMENT

DOI:

18/03/19

Date / Time :

13/03/2019

Registered in Merimen:

18/03/2019

Pre-assign / CCU / FTE

SHA 1325 G



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A: *12/3/19*

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. : _____

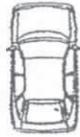
(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

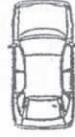
GW 3700P



INSRS:
WSP: *Impress*
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<i>GW 3700P - 18/03/2019 14:30 el ; van. 5/11/12</i>	Non-Reporting ltr (1st):	
<i>SHA 1325 G - X</i>	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: _____ Confirm by: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____ 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\$ _____

Disbursement: S\$ _____ (e.g. Tow/ Independent)

Legal Cost S\$ _____

1) Claim status: Normal/Reject/Private Settle

2) Report Format: _____

3) Survey fee: _____

Total: S\$ _____ Global Sum S\$: _____ Email Call

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: _____

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	1196N
Vehicle Details	
Vehicle No.:	GW3700P
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Mar 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	L300 P/VAN
Primary Colour:	White
Manufacturing Year:	2003
Engine No.:	4D56KP6101
Chassis No.:	JMAJNP15V3A000648
Maximum Power Output:	-
Open Market Value:	\$13,282.00
Original Registration Date:	11 Jun 2003
First Registration Date:	11 Jun 2003
Transfer Count:	0
Actual ARF Paid:	\$665.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 May 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$17,865.00
COE Rebate Amount:	\$15,050.00
Total Rebate Amount:	\$15,050.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 14 Mar 2019

OK

29,000
 15,050

 13,950