Surveyor:

INS. CASE OWNER:

CC 3/ Alf 190 12788 / Kka3

LKK: IDAC:

ASSIGNME

D.O.A: 17/7/19

Nature of Accident

Kenneth

18/7/19 DOI:

Date / Time :

Pre-assign / CCU / FTE

Registered in Merimen:

	6	1
4	n-	1
	Н	-
	K	_\
	W	M

SKJ 662 G Insured Vehicle No.

Name of Insured

Insured Tel No. Excess Sec II :SS

Is driver the owner? (YES / NO)

If NO, Driver Name / Age:

Driver Tel No. : (V/L: YES / NO) Claim No.

Policy No.

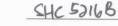
Make / Model

Place of Accident:

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

Insured Liability:

% Final? Yes/No





INSRS: WSP: Trans-Ca

Liability: RMKS:



INSRS: WSP:

Tel: Liability: RMKS:



INSRS:

WSP: Tel: Liability:

RMKS:



INSRS:

WSP:

Tel: Liability:

RMKS:

Date/ Time		
*	SHC5268; CC3/A/G1910/522/Kkg3: D.O.A:18/1/19	STAGE DATE/PIC
	SHC576B:CC3/A/G/900/572/Kkg3, D.O.A:18/1/9	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
	150	Non-Reporting ltr (Final):
	1	Notification ltr (if non-pickup):
	f	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:
2		Car Rental Invoice:
		Towing Invoice
8		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. 4	If NO or B 28, Ass. Lia:
Repair Cost:	S\$	A 110 OLD BOYS BUT DIE.
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ (\$ x days)	2
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: ASS.	SIGNMENT
ano n	Dungen110 12 14
From: Date:	Veh No: J// J// Yr Regn: Vr Regn: Type: M.Car / M.Cycle / Bus / Van / Lorry / Xax J Prime Mover /
Estimated Cost:	
OD TP WS TP RES OD RES EVA LINY MY	Truck / Traller or
To Inspect Vehicle No:	Make: Renaut Caritude c.c 188
at Workshop m/s Trans Cob	Colour M. White/Re/ A/C: Insured/Std/NI/NA
of	Sp.Reading 798256 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: VIFIABLISAUC. 278169
Claims No.	Gen. Cond: 800d/ Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/Jammed/Leaked/Burnt or
Make of Veh:	Modi: MI S/Rim / STD A/Rim or
	Tyre Size: F: 2/5/60R16
(Policy Condition)	R: GTT1'
Remark: The veh had commenced Its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Front Park Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bai. 9 mm - R/Bai. 0 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. & Griffi L/Bal. & Inm
Est. Repairs: OZdays Res.: Yes or No	D.O.A. 17/7/19 D.O.I. 18/7/19
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	01.
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
/ File pass to	
/ Fix pass to	
/ Fix pass to	
1 File pass to	Days Of Repair:
Oate/Time, File Pass to? : Prell. Report	Days Of Repair: Resurvey No. of Trip: Survey Fee:
Onte/Time, File Pass to? : Prell. Report	
Date/Time, File Pass to? : Prell. Report: : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation:
Onte/Time, File Pass to? C/Lyp & 2756/ Prell. Report State/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation:
Onte/Time, File Pass to? C/Lyp & 2756/ Prell. Report State/Time, File Return to?	Resurvey No. of Trlp: Survey Fee: Transportation: Site Insp (\$)_s - RSSI

> Back to OneMotoring

Enquire PARF/CC	E Rebate for	Registered	Vehicle
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Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	878K
Vehicle No.:	SHC5216B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	17 Jul 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	M9R8839C000701
Chassis No.:	VF1ABL15AUC276169
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	19 Feb 2014
First Registration Date:	19 Feb 2014
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$12,498.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Feb 2022
PARF Rebate Amount: Intended COE Rebate Details	\$8,748.00
COE Expiry Date:	18 Feb 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$58,590.00
COE Rebate Amount:	\$18,941.00
Total Rebate Amount: Message	\$27,689.00

reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 17 Jul 2019

OK