

ASSIGNMENT

Surveyor:

Kenneth

DOI:

29/1/2020

Date / Time :

29/1/2020

Registered in Merimen:

31/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJK 7687 X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 27/1/2020

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

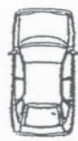
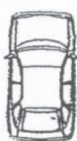
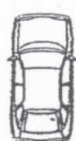
If NO, Driver Name / Age : _____

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

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

Insured Liability : % Final ? Yes / No

SHC 5337K

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 |
|---|--|------------------------------------|--|
| SHC5337K : X ; SJK 7687 X : X | Non-Reporting ltr (1st): | | |
| | 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"/> | <input type="checkbox"/> |
| | After call ltr to OI: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Authorisation To Act: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Release Voucher: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Final Repair Bill: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Car Rental Invoice: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Towing Invoice | <input type="checkbox"/> | <input type="checkbox"/> |
| | LTA / GIA : | <input type="checkbox"/> | <input type="checkbox"/> |
| | Medical Bill: | <input type="checkbox"/> | <input type="checkbox"/> |
| | PIR: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Mandate/Reject Instruction: | <input type="checkbox"/> | <input type="checkbox"/> |
| | LOD | <input type="checkbox"/> | <input type="checkbox"/> |
| | Payment Breakdown Form: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Post-Repair Photos: | <input type="checkbox"/> | <input type="checkbox"/> |
| | Others: | <input type="checkbox"/> | <input type="checkbox"/> |
| PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ | | | |
| FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____ | | | |
| Repair Cost: | S\$ | (_____ days) Reduction: _____ % | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/> | | | |
| 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 <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) | 1) Claim status: Normal/Reject/Private Settle |
| Legal Cost | S\$ | | 2) Report Format: _____ |
| | | | 3) Survey fee: _____ |
| Total: | S\$ | Global Sum S\$: | |
| FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/> | | | |
| 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: | 878K |
| Vehicle Details | |
| Vehicle No.: | SHC5337K |
| Vehicle to be Exported: | Yes |
| Intended Deregistration Date: | 28 Jan 2020 |
| Vehicle Make: | RENAULT |
| Vehicle Model: | LATITUDE 2.0L DCI AUTO D/AB 4DR |
| Primary Colour: | Red |
| Manufacturing Year: | 2014 |
| Engine No.: | M9R8839C001940 |
| Chassis No.: | VF1ABL15AUC279348 |
| Maximum Power Output: | 127.0 kW (170 bhp) |
| Open Market Value: | \$19,998.00 |
| Original Registration Date: | 15 Sep 2014 |
| First Registration Date: | 15 Sep 2014 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$12,498.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 14 Sep 2022 |
| PARF Rebate Amount: | \$8,748.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 14 Sep 2022 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$50,704.00 |
| COE Rebate Amount: | \$16,670.00 |
| Total Rebate Amount: | \$25,418.00 |
| 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 28 Jan 2020

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