Surveyor:

CC3/AIG20002994/Kha3

LKK:
IDAC:

TNIC	CAS	FOU	/NFR-

ASSIGNMENT

DOI: 20/02/2020 KENNETH

20.02.2020 Date / Time:

21.02.2020 Registered in Merimen:

Pre-assign / Co	CU/FTE
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GZ 9890T Claim No. Insured Vehicle No.

Policy No. Name of Insured

Make / Model HP: Insured Tel No. D.O.A: 16.02.2020 Place of Accident: Excess Sec II :S\$

Nature of Accident: (YES / NO) Is driver the owner? OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

If NO, Driver Name / Age: Final? Yes/No Insured Liability: (V/L: YES / NO) Driver Tel No.:

SHD 5002X



INSRS: WSP: TRANS-CAB Liability AUTO



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time								
	SHD 5002X	- CC4/ASM1	18018888/Npa3	q2; DOA: 14.10.18	STAGE		DA	TE / PIC
	GZ 9890T -	CS/INC080	027315/T1fh: 2	9/07/2008	Non-Reporting l			
		NJA/INC08	3021622/z1; -		Non-Reporting l			
					Non-Reporting l			
					Notification ltr (if non-pickup);	
					Call OI:			
					After call ltr to C			
					Documentation			Typist
					Notification ltr ()	-
					After call ltr to C			
					Authorisation To	Act:		
					Release Voucher	:		
					Final Repair Bill	:		
					Car Rental Invoi	ce:		
					Towing Invoice			
					LTA / GIA :			
					Medical Bill:			
					PIR:			
					Mandate/Rejec	t Instruction	:	
					LOD			
					Payment Break	down Form		
PRELIMINARY ADVICE	E Date/Time:		Sent By:		Post-Repair Ph	otos:		
					Others:			
FINALIZATION	Date/Time:		Confirm with:		Confirm by:			
LIGHT ENGLES IN		-	days) Reduction:	%		Email	Call	
	S\$		uays) Reduction.					
Repair Cost:	S\$ Date/Time:		firm with		Email C	Call		
Repair Cost: FINAL SETTLEMENT		Con	firm with	0. :	Email C			
Repair Cost: FINAL SETTLEMENT Final Liability:	Date/Time:	Con		5. :				
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Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement:	Date/Time: %	Con (Agreed / Asse) ((\$ x (\$ x	days) days) the LOI Tick	only one]	If NO or B 28,	Ass. Lia :	eject/Private	e Settle
Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost	Date/Time: %	Con (Agreed / Asse	days) days) the LOI Tick	only one]	If NO or B 28, 1) Claim status 2) Report Form	Ass. Lia :	ject/Private	e Settle
Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU onl: GIA/LTA Search Medical: Disbursement: Legal Cost Total:	Date/Time: %	Con (Agreed / Asse	days) days) HLOI Tick (e.g. Tow/ Ind	only one]	1) Claim status 2) Report Form 3) Survey fee:	Ass. Lia :	eject/Private	e Settle
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Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI):	Date/Time: % S\$ S\$ S\$ S\$ S\$ LOR + LO S\$ S\$ S\$ S\$	Con (Agreed / Asse (\$ x (\$ x DU LOR +	days) days) days) + LOI Tick (e.g. Tow/ Indebal Sum S\$: firm with:	only one]	1) Claim status 2) Report Form 3) Survey fee:	Ass. Lia :	eject/Private	e Settle

ASS. REC. BY:	1416-1
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enneth	ASSIGNMENT
From; Date:	Veh No: S1+D 5002 X Yr Regn: 07, 17
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxl / Prime Mover /
OD VTP WS / TP RES / OD RES / EVA / INV / MV	Truck / Traller or
To Inspect Vehicle No:	- 1
at Workshop m/s Trans	Citable Cotivate c.c 118
of	THE THE THE MISSING TOTAL THE
Insured:	Sp.Reading 32.7405 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	CNO: VFI ABL 15 Aug. 283870
Sum Insured: Excess:	Gen. Cond: Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inother / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inomer/Jammed/Leaked/Burnt or
	Modi: MI S/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: Sqilun 215/60R16
Remark: The veh had commenced its	R: G17.
repair at the time of inspection.	N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO/YOKO or
Bal. or Market Value:	Front
IDAC Accident Rport: Consistent?: Yes or	r No R/Bal mm R/Bal.
GIA / PR Seen: Consistent?: Yes or	r No L/Bal. Z mm L/Bal.
Est. Repairs:days Res.: Yes or	D.O.A. 16/2/20 D.O.I. 20/7/200
Lum Sum: /-3./ % 3 Val.: Yes or	r No Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear I O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Ve	ehicle: IN / OUT
- Joseff Contacted.	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
0 2424.26	
277.10	
te/Time, File Pass to? : Prell. Report	
	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
	Transportation:
	Add Fee: Site Insp (\$)_s-RS_si
	: Interview (\$) Factors
port Format :	Tech Invs (\$) Others
mp Sum / I.B.I: (S	Weekend (\$
	TOTAL

» Back to OneMotoring

DARE/COF Rehate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD5002X
Vehicle to be Exported:	Yes
Intended Deregistration Date:	19 Feb 2020
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	M9R8839C003253
Chassis No.:	VF1ABL15AUC283470
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	10 Jul 2017
First Registration Date:	10 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Jul 2025
PARF Rebate Amount:	\$14,998.00
Intended COE Rebate Details	
COE Expiry Date:	09 Jul 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$38,560.00
COE Rebate Amount:	\$25,970.00
Total Rebate Amount: Message	\$40,968.00

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

The information contained herein is correct as at 19 Feb 2020

OK