

15/5/2010

INS. CASE OWNER:

CC 3 /AIG140 23853 / K6de3

LKK:

IDAC:

**ASSIGNMENT**

Surveyor:

Kenneth

DOI:

22/12/14

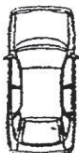
Date / Time :

22/12/14

Registered in Merimen:

24/12/14

Pre-assign / CCU / FTE

Insured Vehicle No. : SGL 75526

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 18/12/14

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO )

Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

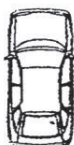
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO Insured Liability :

% Final ? Yes / No

SHC 5375A



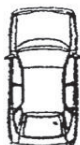
INSRS:

WSP: Trans-Cab

Tel :

Liability :

RMKS:



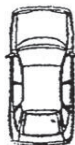
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

**FOR CSO ONLY:**

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver's Own Vehicle Number:

SHC 5375A - XSGL 75526 - X

Insurance Company:

**STAGE**

DATE / PIC

Finalisation:

Email AIG for OI GIA:

Apt letter to OI:

Call OI:

After call ltr to OI:

Type Report:

Prepare Invoice:

Others:

**Documentation Check List: Handler Typist**

OI Apt Ltr:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

LTA / GIA :

Medical Bill:

Approval Email:

Payment Breakdown Form:

Others:

**FINAL SETTLEMENT**

Date :

Confirm with

Repair Cost:

S\$

Final Liability:

% (Agreed / Assessed)

BOLA S/N No. :

Loss of Rental:

S\$

( days)

If NO or B 28, Ass. Lia :

Loss of Use:

S\$

(\$ x days)

1) Claim status: Normal/Reject/Private Settle

(08/11/14)

REF: AIG

ASS. REC. BY:

**ASSIGNMENT**Kenneth

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Trans Cch

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.**

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 01 days Res.: Yes or NoLum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHC 5375A Yr Regn: 10, 14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or A7Make: Renault Latitude c.c. 1995Colour M. White/Red A/C: Insured / Std / NI / NASp. Reading 31452 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: VF1 ABC 15 AUG 278888Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front 8 mm Rear 8 mmR/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 18/12/14 D.O.I. 22/12/14Survey held at ✓Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or018/14

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\_\_\_\_ S + RS, \_\_\_\_ SI

Photos

Others

Report Format : \_\_\_\_\_

Text size + -

**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Company  
Owner ID: 200303878K

**Vehicle Details**

Vehicle No.: SHC5375A  
Vehicle to be Exported: Yes  
Intended De-registration Date: 19 Dec 2014  
Vehicle Make: RENAULT  
Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR  
Primary Colour: Red  
Manufacturing Year: 2014  
Engine No.: M9R8839C002083  
Chassis No.: VF1ABL15AUC279848  
Maximum Power Output: 127.0 kW (170 bhp)  
Open Market Value: \$19,998.00  
Original Registration Date: 21 Oct 2014  
First Registration Date: 21 Oct 2014  
Transfer Count: 0  
Actual ARF Paid: \$12,498.00

**Intended PARF Rebate Details**

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 20 Oct 2022  
PARF Rebate Amount: \$9,373.00

**Intended COE Rebate Details**

COE Expiry Date: 20 Oct 2022  
COE Category: A - Car (up to 1600cc & 97kW (130bhp))  
COE Period (Years): 8  
PQP Paid: \$50,938.00  
COE Rebate Amount: \$40,750.00  
**Total Rebate Amount: \$50,123.00**

**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 19 Dec 2014

OK

Land Transport Authority

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