

Circular Letter 11-2004 - COCs Issued

\_\_\_\_\_  
name of company

**LIST OF COCs ISSUED**  
Pursuant to CL 11-2004

1<sup>st</sup> Quarter Report: Year \_\_\_\_\_

**Month**

January  
February  
March

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL**

\_\_\_\_\_

Submitted by:

\_\_\_\_\_  
(signature over printed name)

\_\_\_\_\_  
(position)

\_\_\_\_\_  
name of company

**LIST OF COCs ISSUED**  
Pursuant to CL 11-2004

2<sup>nd</sup> Quarter Report: Year \_\_\_\_\_

**Month**

January	_____
February	_____
March	_____
April	_____
May	_____
June	_____
<b>TOTAL</b>	_____

Submitted by:

\_\_\_\_\_  
(signature over printed name)

\_\_\_\_\_  
(position)

\_\_\_\_\_  
name of company

**LIST OF COCs ISSUED**  
Pursuant to CL 11-2004

3<sup>rd</sup> Quarter Report: Year \_\_\_\_\_

**Month**

January	_____
February	_____
March	_____
April	_____
May	_____
June	_____
July	_____
August	_____
September	_____
<b>TOTAL</b>	_____

Submitted by:

\_\_\_\_\_  
(signature over printed name)

\_\_\_\_\_  
(position)

\_\_\_\_\_  
name of company

**LIST OF COCs ISSUED**  
Pursuant to CL 11-2004

4<sup>th</sup> Quarter Report: Year \_\_\_\_\_

**Month**

January	_____
February	_____
March	_____
April	_____
May	_____
June	_____
July	_____
August	_____
September	_____
October	_____
November	_____
December	_____
<b>TOTAL</b>	_____

Submitted by:

\_\_\_\_\_  
(signature over printed name)

\_\_\_\_\_  
(position)

**Circular Letter 19-99A - Sale of Motor Vehicles**

\_\_\_\_\_  
name of company

**DESCRIPTION OF MOTOR VEHICLE PAID FOR AS TOTAL LOSS**

TYPE OF VEHICLE :  PC  CV  MC  LTO

NAME OF INSURED : \_\_\_\_\_

INSURED VEHICLE : YEAR / MAKE / TYPE : \_\_\_\_\_  
MOTOR NUMBER : \_\_\_\_\_  
SERIAL NUMBER : \_\_\_\_\_  
MV FILE NUMBER : \_\_\_\_\_  
PLATE NUMBER : \_\_\_\_\_  
SUM INSURED : \_\_\_\_\_  
AMOUNT PAID : \_\_\_\_\_  
DATE PAID : \_\_\_\_\_

DATE OF LOSS : \_\_\_\_\_

STATUS :  Can still be sold  
 To be junked, registration cancelled / for cancellation  
 Settled net of salvage

SUBMITTED BY : \_\_\_\_\_ DATE : \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature  
(Signature over printed name)

Attachment:  copy of Cancelled LTO  
Registration Certificate  
 Others

\_\_\_\_\_  
name of company

**DESCRIPTION OF MOTOR VEHICLE PAID FOR AS TOTAL LOSS  
AND SUBSEQUENTLY SOLD (WHOLE UNIT OR PARTS)**

TYPE OF VEHICLE :  PC  CV  MC  LTO

NAME OF INSURED : \_\_\_\_\_

INSURED VEHICLE : YEAR / MAKE / TYPE : \_\_\_\_\_  
MOTOR NUMBER : \_\_\_\_\_  
SERIAL NUMBER : \_\_\_\_\_  
MV FILE NUMBER : \_\_\_\_\_  
PLATE NUMBER : \_\_\_\_\_

DATE OF LOSS : \_\_\_\_\_

DATE SOLD : \_\_\_\_\_ UNIT : \_\_\_\_\_ PARTS ONLY : \_\_\_\_\_

MOTOR IS NO LONGER SERVICABLE/JUNK  YES  NO  
CHASSIS IS NO LONGER SERVICEABLE/JUNK  YES  NO  
REGISTRATION CERTIFICATE TRANSFERRED  YES  NO  
TO BUYER  
REGISTRATION CERTIFICATE SURRENDERED  YES  NO  
TO LTO FOR CANCELLATION

NAME OF BUYER : \_\_\_\_\_

ADDRESS OF BUYER : \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature  
(Signature over printed name)

Please attach copy of  
Deed of Sale or cancelled  
LTO Registration Certificate  
as the case may be