15/5/2010 INS. CASE OWNER:	Shawo	CC 6/2CR 170	2301 e 10	LKK			
Surveyor:	MARCUS	ASSIG	NMENT 2/17	Date / Time :	05/12/14		
Pre-assign / CCU / F	TE			Registered in Merimen:	_03/14/1+	_	
Insured Vehicle No.	: SLE 74	705B	Claim No.	:			
Name of Insured	: LCR		Policy No.	1			
Insured Tel No.	:	_HP:	Make / Model	:	-		
Excess Sec II :S\$		D.O.A :	Place of Accid	lent :			
Is driver the owner?	(YES / NO)	Nature of Accident :				· · · · · ·	
If NO, Driver Name	(1 to 1 t		OI GIA DEDO	DRT: YES / NO ; TP GLA	DEDORT, VD0 /27		
	Driver Tel No. : (V		Insured Liabili		al? Yes/No	J	
CGG 2704U	<i>y</i> →		2014 1199 (2014) (2017) (2014) (2014) (2014) (2014) (2014)				
INSRS: WSP: ABWIN SER Tel: Liability: RMKS:	INSR	ity:	INSRS: WSP: Tel.: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	- ,	
Date/ Time	•				•	. , , -	
	SGG 2704U -	X ; SLE 74056	3 - X	STAGE Non-Reporting ltr (1st):	DATE / 1	PIC	
		,		Non-Reporting ltr (2nd):			
				Non-Reporting ltr (Final Notification ltr (if non-p			
	un.			Call OI:			
				After call ltr to OI:			
	·			Documentation Check		pist	
				Notification ltr (if non-p After call ltr to OI:	іскир)		
				Authorisation To Act:			
				Release Voucher:			
				Final Repair Bill:			

		Non-Reporting ltr (1st):			
		Non-Reporting ltr (2nd):			
		Non-Reporting ltr (Final):			
in.		Notification ltr (if non-pickup):			
		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:			
		Car Rental Invoice:			
		Towing Invoice			
	7	LTA / GIA :			
		Medical Bill:			
		PIR:			
	/ 1	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.:	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 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\$:	distance description of the second se			
FINAL PAYMENT	Date/Time: Confirm with:	Email Call			
Payee 1:	S\$ Name 1:				
Payee 2: (Strike if N.A.)	S\$ Name 2:	_ : 75			
Payee 3: (Strike if N.A.)	S\$ Name 3:				

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type	Business	
Owner ID	1738X	
Vehicle Details		
Vehicle No.	SGG2704U	
Vehicle to be Exported	No	
Intended De-registration Date	05 Dec 2017	
Vehicle Make	TOYOTA	
Vehicle Model	CAMRY 2.4	
Primary Colour	Silver	
Manufacturing Year	2006	
Engine No.	2AZ3234284	
Chassis No.	MR053BK3005029407	
Maximum Power Output	112.0 kW (150 bhp)	
Open Market Value	\$29,681.00	
Original Registration Date	08 May 2006	
First Registration Date	08 May 2006	
Transfer Count	3	
Actual ARF Paid	\$32,650.00	
Intended PARF Rebate Details		
PARF Eligibility	Forfeited	
PARF Eligibility Expiry Date	-	
PARF Rebate Amount	\$0.00	
Intended COE Rebate Details		
COE Expiry Date	07 May 2026	
COE Category	B - Car (1601cc & above)	
COE Period(Years)	10	
PQP Paid	\$46,048.00	
COE Rebate Amount	\$38,781.00	
Total Rebate Amount	\$38,781.00	

The information contained herein is correct as at 05 Dec 2017

ОК

