15/5/2010	

RIS	CASE OWNER	2.

CC3/AIG17023564/ Swaz

	Ι	ŀ		K		
١	7	_	١.	٨	_	

ACCT	GNMENT	

	Λ / .
	Rebusta
TURVAT"	TP-DALT A

DOI:

Date / Time:

Registered in Merimen:

Pre-assign	1	CCU	FTE
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1	
七	7
Н	H
F	70

Insured Vehicle No. Name of Insured

Insured Tel No.

Excess Sec II :S\$

Is driver the owner?

SKG 1873Z

(YES / NO)

D.O.A: 09/12/17 Nature of Accident :

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

Final? Yes/No

SHF ISEM



INSRS: WSP: SMRT Auto (Wood

S\$

Payee 3: (Strike if N.A.)

Name 3:

Tel: Liability: INSRS: WSP:

Tel: Liability: RMKS:



INSRS:

Claim No.

Policy No.

Make / Model

Place of Accident:

WSP: Tel: Liability:

RMKS:



INSRS:

WSP: Tel: Liability:

RMKS:

RMKS:

Date/ Time				
	SHF 154M - X : SKG 18	73Z - X	STAGE	DATE / PIC
÷			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
· +127			Call OI:	
<u>;</u> _			After call ltr to OI:	
			Documentation Check List: H	andler Typist
			Notification ltr (if non-pickup)	
			After call ltr to OI:	
			Authorisation To Act:	
			Release Voucher:	
			Final Repair Bill:	
			Car Rental Invoice:	
		3	Towing Invoice	
	*		LTA / GIA :	
			Medical Bill:	<u> </u>
			PIR:	
		1 .	Mandate/Reject Instruction:	
			LOD	
			Payment Breakdown Form:	
RELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	
			Others:	
INALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S\$. (days) I	Reduction: %	Email	Call
INAL SETTLEMENT	Date/Time: Confirm w	ith	Email Call	
inal Liability:	% (Agreed / Assessed) 1	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\$	[Zama omaj omaj		
Medical:	S\$	<u> </u>	1) Claim status: Normal/Re	eject/Private Settle
	S\$	(e.g. Tow/ Independent)	2) Report Format:	7
Disbursement: Legal Cost	\$\$	(o.g. 10m/ macpondent)	3) Survey fee:	•
Legal Cost Total:	S\$ Global St	ım S\$•	1-/ 542 (-)	
FINAL PAYMENT	Date/Time: Confirm v		Email Call	
	S\$ Name 1:	1 4444		
Payee 1:	S\$ Name 1:		_ ,	
Payee 2: (Strike if N.A.)	Name 2:			

Bimsuor.			
***	48	<u>SIGNMENT</u>	
From:	Date:		
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van /	Lorry / Taxi / Prime Mover /
DD / TP / WS / TP RES / OD	ORES / EVA / INV / MV	Truck / Trailer or	.00
To Inspect Vehicle No:		Make: Chevrolet tipica	c.c /99/
at Workshop m/s		Colour Maroon.	A/C: Insured / Std / NI / NA
		Sp.Reading 740089	T/Radio: Insured / Std / NI / NA
neurad:		Eng/No:	
		C/No: cl LH69	RJ 1313/27744
Claims No.		Gen. Cond: Good / Fair / Poor / Bu	rnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leak	ed/Burnt or
(Client's Record)		Brake: Gorder / Jammed / Leak	ed / Burnt or
(Client's Record) Make of Veh:		Modi: (N) / S/Rim / STD A/Rim	1
viako or von.	/*	Tyre Size: F: 205/85/RI	
(D. I' O - a dition)		R: "	
(Policy Condition) Remark: The veh had com	menced its N/S 0/S	<u> </u>	ZA / MIC / OHTSU / PIR / SUMI /
repair at the time	inicitoda ito	TOYO/YOKO or Tale	
	-(Front	Rear
Bal. or Market Value:	Consistent? : Yes or No	R/Bal. 6 mm	R/Bal. mn
IDAC Accident Rport:	Consistent? : Yes or No	L/Bal. 6 mm	L/Bal. 6 mr
GIA / PR Seen:		D.O.A. 9/12/2017	D.O.I. W/12/201
Est. Repairs:		Survey held at SMRT.	1,-/-01+,
Lum Sum:	% 3 Val.: Yes or No	Des. of Damages : Frt / Rear / O	IS I NIS I IIIC / Roofton or
CA / REV / REP. /	24 HRS Vehicle: IN / O		
Date: Pers	son Contacted:		ody Structure affected due to collision
Date / Time Action / I	Instruction		
			7A X/12/17/2054
1			UKIC.
			AIG.
		The state of the s	
	7.		
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:	
1)	: Final Report	Resurvey No. of Trip:	Survey Fee: Transportation:
Date/Time, File Return to?	A -J -1 7	Cita Inco (\$	Pr 1 5
2)	Add F		
2)		Intention (\$) Photos
Report Format:		: Interview (\$: Tech. Invs (\$) Photos) Others

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	5369K
Vehicle Details	
Vehicle No.	SHF154M
Vehicle to be Exported	No
Intended De-registration Date	12 Dec 2017
Vehicle Make	CHEVROLET
Vehicle Model	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour	Maroon
Manufacturing Year	2012
Engine No.	Z20S1462950K
Chassis No.	KL1LA69RJBB127744
Maximum Power Output	110.0 kW (147 bhp)
Open Market Value	\$14,201.00
Original Registration Date	09 Jul 2012
First Registration Date	09 Jul 2012
Transfer Count	0
Actual ARF Paid	\$14,201.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	08 Jul 2020
PARF Rebate Amount	\$9,940.00
Intended COE Rebate Details	
	08 Jul 2020
COE Expiry Date	A - Car (1600cc & below)
COE Category	8
COE Period(Years)	\$46,801.00
QP Paid	\$15,043.00
COE Rebate Amount	\$24,983.00
Total Rebate Amount	ψ= 1,7 = 0 =
Message	nicle cannot be further renewed. The vehicle must be de-registered

The information contained herein is correct as at 12 Dec 2017

OK

Land Transport Authority

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