IS/S/2010 INS. CASE OWNE	Ewe Way	CC 4/AXA170	24099, U	LKK: IDAC:			
110, 0100 0 11110		ASSIG	NMENT		100/2/12		
Surveyor:	MARCUS	DOI:	70/12/9.	Date / Time :	19/1/17		
Pre-assign / CCU	/ FTE			Registered in Merimen:			
Tre-assign/ CCC	1TT 31	1CIM		CO4636	X		
Insured Vehicle N	o. :	(3)	Claim No.	: 00000	ht		
Name of Insured	:		Policy No.	: /// /// 0	110		
Insured Tel No.		HP:	Make / Model				
Excess Sec II :SS		D.O.A: (8 17/17)	Place of Accider				
	-		Flace of Accides	nt :			
Is driver the owne	,,	Nature of Accident :					
If NO, Driver Na			OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO				
Driver Tel	No. :	(V/L: YES / NO)	Insured Liability	: % Final	? Yes/No		
817 491	√	<b>─</b>					
INSRS: WSP: DO (16)	INSRS WSP:		INSRS: WSP:	// //	NSRS: WSP:		
WSP: POGN	Tel:	15—7	Tel:	1/1 /2	Γel:		
Liability:	Liabilit	y:	Liability:	1	Liability :		
RMKS:	RMKS		RMKS:	I I	RMKS:		
Date/ Time							
	CIT WAIT - X	ь		STAGE	DATE / PIC		
	201 1011 . 1			Non-Reporting ltr (1st):			
	1577 3451M-C13	1AXA12010206/H10	263c3; DOA: 4/6/13	Non-Reporting ltr (2nd): Non-Reporting ltr (Final):			
				Notification ltr (if non-picku	p):		
				Call OI:			
				After call ltr to OI:			
				Documentation Check List			
				Notification ltr (if non-picku	p)		
				After call ltr to OI: Authorisation To Act:			
				Release Voucher:			
16				Final Repair Bill:			
				Car Rental Invoice:			
				Towing Invoice			
				LTA / GIA :			
				Medical Bill:			
				PIR:			
				Mandate/Reject Instructio	n:		
				LOD			
DDEL DADIA DV. 1 DV.	Data/Time	1		Payment Breakdown Form	a:		
PRELIMINARY ADVICE	Date/Time:	Sent By:	<b>√</b> ~	Post-Repair Photos:			
FINALIZATION	Date/Time:	- V		Others:			
FINALIZATION Repair Cost:	Date/Time:	Confirm with:	%	Confirm by:	Call		
FINAL SETTLEMENT	Date/Time:	Confirm with	70	Email Call			
Final Liability:		Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:			
Repair Cost:	S\$	A MONOGORAL DOLLA S/IN INU. :		11 110 01 D 20, 735. Lid .			
Loss of Rental (LOR):	S\$ (	days)					
Loss of Use (LOU):	S\$ (\$ x	days)					
Loss of Income (LOI):	S\$ (\$ x	days)					
LOR only LOU only		OR + LOI [Tick only	one]				
GIA/LTA Search	S\$						
Medical:	S\$			1) Claim status: Normal/F	teject/Private Settle		
Disbursement:	S\$	(e.g. Tow/ Indepen	ident)	2) Report Format:			
Legal Cost	S\$	01.1.12		3) Survey fee:			
Total:	S\$	Global Sum S\$:		n			
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call			
Payee 1:	S\$	Name 1:					
Payee 2: (Strike if N.A.)	S\$	Name 2:					
Payee 3: (Strike if N.A.)	S\$	Name 3:					

Simeyor	MA			
•	ASSIC	GNMENT		
From: Date:	20/12/2017	Veh No: SZ 7	4917	Yr Regn: [0   /
Estimated Cost:				orry / Taxi / Prime Mover /
OD TP WS / TP RES / OD RES / EVA / INV	/ MV	Truck / Trailer	. /	
To Inspect Vehicle No: SLT 4	LOIT	Make: A	ondo ve:	rel Hybrides 149
	ngineening		ite	A/C: Insured / Std / NI / N
of 51 Defin Loine 10	19/1eening		433	T/Radio: Insured / Std / NI / N
Insured:	)	Eng/No:	737	
	13451M		21131	226681
Claims No.	3 (4/10)	Gen. Cond: God / F		
		Steering: Ingreder / Ja		
		9	mmed / Leaked	
(Client's Record) Make of Veh:			J STD A/Rim o	
Ividate of Veff.		Tyre Size: F:		,
(Policy Coodition)		ryre size: F:R:	015/	50n16
(Policy Condition)  Remark: The veh had commenced its	N/S O/S	_	/CV/EC/117A	/ MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	14/0 0/0	TOYO / YOKO or	/ GT / FS / LIZA	TIMIC TOPTSOTPIN TSOMIT
				Poor
Bal. or Market Value:	? : Yes or No	Front R/Bal.	)	Rear R/Bal.
15710 7160ldone reports	?: Yes or No	L/Bal.	mm	L/Bal.
1 k	Yes or No	D.O.A. 18/12	1,	D.O.I. 20/11/0
/	: Yes or No	Survey held at	/	20/10/1
LUITI SURI. 70 Val.	. 103 01 110		+ 1 Bass 1 0/8	/ N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS WP	Vehicle: IN / OUT	Des. of Darriages . F	/ 1	2 4
Date: Person Contacted:	Verlicle. III 7 OOT	The U/C / Chas		dy Structure affected due to colli
Date / Time Action / Instruction  Con fund	d/s = 3?	)50 WI	h Sa	n,
Date/Time, File Pass to? : Preli. Repe		Days Of Repair:	'rin:	Survey Fee:
. Freii. Kep	OFL	Resurvey No. of 7	rip.	Survey Fee.
: Final Repo				Transportation
1) : Final Repo			(\$	Transportation: )S +RSSI
: Final Repo	Add Fee			
1) : Final Repo		: Site Insp	(\$	)S +RSSI

## Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:

SLT491T

Vehicle Type:

Z11 - Private Hire (Chauffeur)

Station Wagon/Jeep/Land Rover

Vehicle Attachment 1: Vehicle Attachment 2: No Attachment

Vehicle Make:

HONDA

Chassis No.:

RU31226681

Motor No .:

H12328223

Propellant:

Petrol-Electric

Engine Capacity:

1496 cc

Maximum Power

Output:

112.0 kW (150 bhp)

Unladen Weight:

1280 kg

Primary Colour:

White

First Registration Date:

16 Oct 2017

Manufacturing Year:

2016

PARF Eligibility:

Yes

No. of Transfers:

0

Actual ARF Paid:

Owner Particulars

Owner Name: Owner ID Type:

\$5,000.00

Company

Owner ID:

201617200G

Registered Address

Type:

Private Residential (Condo Apt or

House) / Shopping / Office

GRAB RENTALS PTE LTD

Complexes

Registered

Block/House No.:

6

Registered Street

Name:

SHENTON WAY

Registered Unit No.:

# 38 - 01

Registered Building

Name:

**OUE DOWNTOWN** 

Registered Postal

Code:

068809

COE No. / Expiry

2017100103001818E / 15 Oct

Date:

2027

COE Bid Category:

B - Car above 1600cc or 97kW

(130bhp)

QP Paid:

\$49,189.00

Transaction Details

Vehicle Scheme:

Normal

Vehicle Attachment 3:

Vehicle Model:

VEZEL HYBRID 1.5X AUTO

Engine No .:

LEB5926692

Trailer Chassis No.:

Passenger Capacity:

Power Rating:

22.0 kW

Maximum Laden

Weight:

1555 kg

Secondary Colour:

Original Registration

Date:

16 Oct 2017

Open Market Value:

Minimum PARF Benefit:

\$26,633.00 \$2,500.00

Additional

First \$20,000.00 (100%), next

\$6,633.00 (140%) Registration Fee Rate: