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S\$ S\$

SS

Payee 1: Fayee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)

LKK:

a l	INS. CASE OWNER:		CC6 / AIG18	000124 /	MAS 3 IDA	.C:	
Mercan 1 35			ASS	IGNMENT			
	0	ADRIAN	DOI:	2/01/18	_ Date / Time :	02/01/18	
1.50	Surveyor:	TIPICUTIO			_ Date / Time C	02/2/4	0
	B 1 100711	NOTE:			Registered in Merimen:	0 3 0 1 10	A
<u></u>	Pre-assign / CCU /	FTE					
	Insured Vehicle No.	: SLN 355	IR	Claim No.	:		
1	Name of Insured	:		Policy No.	:		
	Insured Tel No.		HP:	Make / Mode	el :		
					Access to the second se		
	Excess Sec II :S\$		D.O.A: 08/12/17	Place of Acc	ident:		
	Is driver the owner?	(YES / NO)	Nature of Accident :				
	If NO, Driver Name	e / Age :		OI GIA REP	PORT: YES / NO ; TP GIA		
41.4	Driver Tel N	lo. :	(V/L: YES / NO)	Insured Liab	ility: % Fin	al? Yes/No	
11.	SLM 7740	oR →					
						INIODO.	
	INSRS:	INSRS: WSP:		INSRS: WSP:		INSRS: WSP:	
10-0	WSP: Pegasus Tel:	Tel:	1-7	Tel:	1-4	Tel:	
K	Liability:	Liability		Liability:		Liability:	
	RMKS:	RMKS:		RMKS:		RMKS:	
	Date/ Time						
UL.		SLM 7740R-X	; SLN 3551K	? - X	STAGE	DATE / PIC	
				3	Non-Reporting ltr (1st): Non-Reporting ltr (2nd):		
					Non-Reporting ltr (Zhu):		
<u> </u>				*	Notification ltr (if non-pi		
- 22					Call OI:	(0)	
The state of the s				i.	After call ltr to OI:		
2					Documentation Check l	List: Handler Typist	t
,				8	Notification ltr (if non-pi	ckup)	
£					After call ltr to OI:		
	у.				Authorisation To Act:		
1					Release Voucher:		
N.					Final Repair Bill:		
54					Car Rental Invoice:		_
Eb.				-	Towing Invoice		_
					LTA / GIA :		_
					Medical Bill:		=
					PIR:		=
2.1.00					Mandate/Reject Instruc	tion:	_
					LOD Payment Breakdown F	orm:	_
		D. F.	Caut Dan	,	Post-Repair Photos:		
PRELI	MINARY ADVICE	Date/Time:	Sent By:		Others:		=
	TATION!	Date/Time:	Confirm with:	7	Confirm by:		
Répair C	ZATION	SS (days) Reduction:	%	Em	ail Call	
CONC. IN WHICH SHEET	SETTLEMENT	Date/Time:	Confirm with	**	Email Call		
Final Lia			Assessed) BOLA S/N No	:	If NO or B 28, Ass. Li	a :	
Repair C		S\$					
	Rental (LOR):	S\$ (days)				
	Use (LOU):	S\$ (\$ x	days)				
	Income (LOI):	S\$ (\$ x	days)				
LOR on				only one]			
	A Search	SS					
Medical		S\$			1) Claim status: Norm	al/Reject/Private Settle	
Disburs		S\$	(e.g. Tow/ Inde	ependent)	2) Report Format:		
Legal C		S\$			3) Survey fee:		
Total:		S\$	Global Sum S\$:				
ALCOHOLD THE	PAYMENT	Date/Time:	Confirm with:	14	Email Call		
1							

Name 1:

Name 2:

Name 3:

08:1111	REF:					
Simeyor						F
		ASSIGNN	IENT			
From:	Date:	Veh N	SLM'	7740R.	Yr Regn: 2017	April
Estimated Cost:	Dato.				//Taxi/Prime Move	
DD / TP / WS / TP RES / OD RES	S / FVA / INV / MV		Truck / Trailer or			
To Inspect Vehicle No:	O / CAN / III A / III A	Make	Muzd	a 3.	C.C /	1496
at Workshop m/s		Colou		2.		
			eading 742		T/Radio: Insured / S	
f		Eng/N		73		
nsured:		C/No	100	6 RN 22A	8H0151443	
Policy No.			Cond: Good) Fair /		1.7/113	•
Claims No.			ing: Inorden/ Jamm		went or	
Sum Insured:	Excess:	Brake				
(Client's Record)			: (Nil) / S/Rim / S		WHILE OF	
Make of Veh:			\ /	205/	LORIL	
	Γ	Tyre				
(Policy Condition)				205/6		
Remark: The veh had commen			DUN / EXNOVA / GY	//FS/LIZA/N	MIC / OHTSU / PIR / S	SUMI /
repair at the time of it	inspection.	(10)	YO / YOKO or			
Bal. or Market Value:		Fron	/		Rear	,
IDAC Accident Rport:	Consistent? : Yes or No	R/Ba	- O P	mm	R/Bal.	, mm
GIA / PR Seen:	Consistent? : Yes or No	L/Ba	40	mm	L/Bal.	mm 1
Est. Repairs: d	ays Res.: Yes or No		A	0	D.O.I. 02/01	118.
Lum Sum: 9	6 3 Val.: Yes or No		rey held at	regas		
CA / REV / REP. / 24 H		e: IN / OUT	of Damages : Frt /	Rean / O/S /	N/S / U/C / Roofto	p or
Date:Person 0	Contacted:		he U/C / Chassis f	rame / Body	Structure affected du	ue to collision
Date / Time Action / Instru						
TP AL	(1) ·					
Date/Time, File Pass to?	: Preli. Report	Davis	Of Repair:		20	
		(#)	rvey No. of Trip		Survey Fee:	a depotentia tractal linear
1) Date/Time, File Return to?	: Final Report	Rest	11469 140, OL 1116		Transportation:	
		Add Fee:	: Site Insp (\$)S + RSSI	
2)			: Interview (\$) Photos	
Report Format :		Tanking and the same of the sa	: Tech. Invs (\$) Others	
Lump Sum / I.B.I: (S	N.	Apparch dates	: Weekend (\$		7	
zump oum / hom (o)	-	1. 4 4 9 9 6 9 11 0 14		' TOTAL	

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	7200G
Vehicle Details	
Vehicle No.	SLM7740R
Vehicle to be Exported	Yes
Intended De-registration Date	11 Dec 2017
Vehicle Make	MAZDA
Vehicle Model	MAZDA3 SEDAN 1.5 AT EU6
Primary Colour	Black
Manufacturing Year	2017
Engine No.	P520442759
Chassis No.	JM6BN22A8H0151443
Maximum Power Output	88.0 kW (118 bhp)
Open Market Value	\$14,476.00
Original Registration Date	10 Apr 2017
First Registration Date	10 Apr 2017
Transfer Count	0
Actual ARF Paid	\$9,476.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	09 Apr 2027
PARF Rebate Amount	\$7,107.00
Intended COE Rebate Details	
COE Expiry Date	09 Apr 2027
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	\$51,765.00
COE Rebate Amount	\$41,412.00
Total Rebate Amount	\$48,519.00

The information contained herein is correct as at 11 Dec 2017

OK