15/5/2010				L	.KK:	
INS. CASE OWNER:		CC 6 / AIG180 015	91 /	Uoss I	DAC:	
		ASSIGNMI		7		
Surveyor:	MARCUS	DOI: 26/01	118	Date / Time :	26/01/18	
. Guiveyor.	TIMEOS			Registered in Merime	24/- /2	
Pre-assign / CCU	/ FTE			Registered in Merini		
Insured Vehicle No	: _ YP S	2800	Claim No.	:		
Name of Insured		,	Policy No.	:		
<u> </u>					** ** ** *** *** ***	
Insured Tel No.		HP:	Make / Model		to to	
Excess Sec II :S\$		D.O.A: 1901/13	Place of Accid	ent :		
Is driver the owner	? ( YES / NO )	Nature of Accident :				
If NO, Driver Nam	iver Name / Age: OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO					
Driver Tel I	ver Tel No.: (V/L: YES / NO ) Insured Liability: % Final ? Yes / No					
GBG 4810	, c →	<b>→</b>			<b>&gt;</b>	
INSRS: WSP: Lu's B	insrs wsp:		INSRS: WSP:		INSRS: WSP:	
Tel:	Tel:	1-7	Tel:	1-4	Tel:	
Liability:	Liabilit	Mr414	Liability:		Liability:	
RMKS:	RMKS		RMKS:	W	RMKS:	
Date/ Time	A100a1 0 00000		900			
	GBG 48105 - X	; Yr 52800 ->	(	STAGE Non-Reporting ltr (1st):	DATE/PIC	
			(100)(30 (0 ±) (3	Non-Reporting ltr (2nd)		
				Non-Reporting ltr (Fina		
			9.0	Notification ltr (if non-p Call OI:	pickup):	
				After call ltr to OI:		
3				Documentation Check	List: Handler Typist	
				Notification ltr (if non-p	nickup)	
				After call ltr to OI:		
		8 800		Authorisation To Act: Release Voucher:		
<del></del>				Final Repair Bill:		
NO. 1400 ACC 1400 ACC 1400 ACC				Car Rental Invoice:		
	an Maria			Towing Invoice		
			<del></del>	LTA / GIA :		
				Medical Bill: PIR:		
			67.	Mandate/Reject Instr	netion:	
	20 00 00 00000		ar no eo	LOD		
				Payment Breakdown	Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
FINALIZATION	Date/Time:	Confirm with:		Others: Confirm by:		
Repair Cost:	\$\$ (	days) Reduction:	%		mail Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Cal		
Final Liability:		Assessed) BOLA S/N No.:		If NO or B 28, Ass. I	ia:	
Repair Cost:	S\$					
Loss of Rental (LOR): Loss of Use (LOU):	S\$ ( S\$ (\$ x	days) days)				
Loss of Income (LOI):	S\$ (\$ x	days)			2000	
LOR only LOU only		OR + LO [Tick only one]				
GIA/LTA Search	S\$					
Medical:	S\$				nal/Reject/Private Settle	
Disbursement:	S\$ S\$	(e.g. Tow/ Independent )		2) Report Format: 3) Survey fee:		
Legal Cost Total:	S\$	Global Sum S\$:		12) But vey tee:		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal		
Payee 1:	S\$	Name 1:				
	SS	Namé 2:				
Payee 3: (Strike if N.A.)	5\$	Name 3:			Section 192	

(08/11/13) wef ASS. REC. BY: 1/10/1645	REF:	A16/	
A00. NEO. D1.7 7-1-1	ASSI	GNMENT	
From: Estimated Cost:	Date:	Veh No: 136 46105 Type: M.Car / M.Cycle / Bus (Var) Lorr	
OD (TP) WS / TP RES / OD RES / E	1.0	Truck / Trailer or	15-8E
10 mapage variation ivo.	7.010>	Make: FIAT DOGI Colour Marke	A/C: Insured / Std / Ni / NA
at Workshop m/s	ia's Bo	Sp.Reading	T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:	
Policy No.			000 69 36703
Claims No.		Gen. Cond: Good / Fair / Poor / Burnt	000 0000
Sum Insured:	Excess:	Steering:   Green / Jammed / Leaked / B	urnt or
(Client's Record)		Brake:     Braked / B	umt or
Make of Veh:		Modi: NITY S/Rim / STD A/Rim or	
(Policy Condition)  Remark: The veh had commenced in repair at the time of inspension of the second		Tyre Size: F: /9   R: BS / DUN / EXNOVA / GY) FS / LIZA / M TOYO / YOKO or Front	F / 60 N / 6  IIC / OHTSU / PIR / SUMI /  Rear
	nsistent? : Yes or No	R/Bal. 6 mm	R/Bai. mm
	nsistent?: Yes or No	L/Bal. 5 mm	L/Bal. 8, mm
Est. Repairs: days	Res.: Yes or No	D.O.A. 1.8/1/18	D.O.I. 26/1/12
Lum Sum: %	3 Val.: Yes or No	Survey held at	= 1.770
CA / REV / REP. / 24 HRS  Date: Person Conta	Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N O(S) Rear The U/C / Chassis frame / Body S	
Date / Time   Action / Instruction		· · · · · · · · · · · · · · · · · · ·	
<u> </u>			
Date/Time, File Pass to? * : Pre	li. Report	Days Of Repair:	
1) : Fin	al Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?		<b>—</b>	Transportation:
2)	Add Fee		)S + RS,SI
Danad Camust .			) Photos
Report Format : Lump Sum / I.B.I: (\$	A.		Others
ramp dam i i.b.i. (4	)	: Weekend (\$	). TOTAL

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 3585C

Vehicle Details

Vehicle No.: GBG4810S

Vehicle to be Exported: No

Intended De-registration Date: 25 Jan 2018

Vehicle Make: FIAT

Vehicle Model: DOBLO CARGO MAXI 1.6 MTJ 6MT GLAZE

Primary Colour: White

Manufacturing Year: 2017

Engine No.: 198A30008049292

Chassis No.: ZFA26300006G36703

Maximum Power Output:

Open Market Value: \$18,173.00

Original Registration Date: 24 Aug 2017

First Registration Date: 24 Aug 2017

Transfer Count: 0

Actual ARF Paid: \$909.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date:

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

23 Aug 2027

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$36,229.00

COE Rebate Amount:

\$34,699.00

**Total Rebate Amount:** 

\$34,699.00

The information contained herein is correct as at 25 Jan 2018

ОК

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3585C
Vehicle Details	
Vehicle No.:	GBG4810S
Vehicle to be Exported:	No
Intended De-registration Date:	26 Jan 2018
Vehicle Make:	FIAT
Vehicle Model:	DOBLO CARGO MAXI 1.6 MTJ 6MT GLAZE
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	198A30008049292
Chassis No.:	ZFA26300006G36703
Maximum Power Output:	-
Open Market Value:	\$18,173.00
Original Registration Date:	24 Aug 2017
First Registration Date:	24 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$909.00
Intended PARF Rebate Deta	nils
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
Intended COE Rebate Detai	ls
COE Expiry Date:	23 Aug 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$36,229.00
COE Rebate Amount:	\$34,690.00
Total Rebate Amount:	\$34,690.00