15/5/2010				LI	KK:	
	Tool	CC / / AIG1800	2120 /	Dec 7 ID	AC:	
INS. CASE OWNER	: Jackyn			<u> </u>		
		DOI: ASSIGN				
Surveyor:	Marcus	DOI:	<i>и</i> гъ	Date / Time :	01102110	
				Registered in Merime	n: <u>6\/02/148</u>	
Pre-assign / CCU	/ FTE					
Insured Vehicle No	a: ILA 3	4120	Claim No.	:		
Name of Insured	:		Policy No.	:		
Insured Tel No.	:	HP:	Make / Model			
Excess Sec II :S\$		D.O.A: 3/01/18	Place of Accid	lent:		
Is driver the owner	? (YES / NO)	Nature of Accident :				
If NO. Driver Nar Driver Tel		74 20 21 127				
Driver rer	140	(VIL. ILS/ NO)	mouted Liabili			
SICC BEST	<u>_</u>		8 <u>-</u>			
nana	A TAICE		mene.		INSRS:	
INSRS:	INSP WSP	F1 AL	INSRS: WSP:		WSP:	
WSP: Hock We	Tel:		Tel:	1-4	Tel:	
Liability:	Liabi	lity :	Liability:		Liability:	
RMKS:	RMK	S:	RMKS:		RMKS:	
Date/ Time	T	· ·	÷ -			
	Skc 825/2 - Ce	7 AZG 1400 2350/HILVE	2-2 DOA: X621	STAGE	DATE/PIC	
	J-NB	7 1976 14003350/HI193 1/CAI 14003702/YF 1MIG I 3001571/24	DOA: Jelon	Non-Reporting ltr (1st):		
	BLA 3432U - NA	MIGI 8001971/24	1204: 3/10/13	Non-Reporting ltr (2nd) Non-Reporting ltr (Final		
	-			Notification ltr (if non-p		
2 200	1		3 11	Call OI:		
				After call ltr to OI:		
				Documentation Check	List: Handler Typist	
				Notification ltr (if non-p	rickup)	
				After call ltr to OI:		
				Authorisation To Act:		
				Release Voucher:	<u> </u>	
				Final Repair Bill: Car Rental Invoice:		
				Towing Invoice		
	-		-	LTA / GIA :		
			1000000	Medical Bill:		
		· · · · · · · · · · · · · · · · · · ·		PIR;		
				Mandate/Reject Instru	uction:	
				LOD		
				Payment Breakdown	Form:	
PRELIMINARY ADVICE	: Date/Time:	Sent By:	122	Post-Repair Photos:		
				Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	mail Call	
Repair Cost:	S\$ (days) Reduction:	%		mail Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call If NO or B 28, Ass. I	ia ·	
Final Liability:	% (Agreed	1 / Assessed) BOLA S/N No.:		II NO DE D 28, ASS. I		
Repair Cost: Loss of Rental (LOR):	S\$ (days)			<u> </u>	
Loss of Use (LOU):	S\$ (\$	x days)		+		
Loss of Income (LOI):	S\$ (\$	x days)	2 2 2	- 100 V		
LOR only LOU only		LOR + LO [Tick only	one]			
GIA/LTA Search	SS					
Medical:	S\$				nal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independ	lent)	2) Report Format:		
Legal Cost	S\$	G1 1 10 C0		3) Survey fee:		
Total:	S\$	Global Sum S\$:		r		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal		
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				

(08/11/13) wef ASS. REC. BY: MOVIES	REF:	A167	,				
ASS. REC. BY: 70/2012) ASSIGNMENT							
From: Date			Yr Regn: 7:1/1				
Estima@d Cost:		Type: M.Car M.Cycle / Bus / Van / Lo	orry / Taxi / Prime Mover /				
OD ITP I WS I TP RES I OD RES I EVA I	INV / MV	Truck / Trailer or A	, , , , , , , , , , , , , , , , , , , ,				
The state of the s	C+381	Make: Subaru Les	acy c.c / 99 %				
at Workshop m/s Noc	chuch Empres. LAJYJW	Colour Physics Sp.Reading 74347					
of	07167214	Eng/No:					
Insured:	LH)4)W	C/No: JF/BM.	EKCZAG DOYKS				
Policy No.		Gen. Cond: 2000 / Fair / Poor / Burn					
Claims No.		Steering: In other / Jammed / Leaked					
Odili Iniodrota.	cess:	Brake: ingreer Joemmed / Leaked					
(Client's Record)		Modi: Nil /S/Rim / STD A/Rim	or				
Make of Veh:		Tyre Size: F:					
		R: 22	5/50117				
(Policy Condition) Remark: The veh had commenced its	N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA	A / MIC / OHTSU / PIR / SUMI /				
repair at the time of inspection	on.	TOYO YOKO					
11.) ————	Front	Rear				
Bal. or Market Value:	stent?: Yes or No	R/Bal. 7 mm	R/Bai. 7 mm				
TONG ACCIDENT TOTAL	stent?: Yes or No	L/Bal. 7 mm	L/Bal. 7 mm				
SOLA PR SECIL	Res.: Yes or No	D.O.A. 3./1/1A	D.O.I. 1/2/18				
Est. Repairs.	3 Val.: Yes or No	Survey held at					
Lum Sum: %	02/20	Des. of Damages : Frt / Rear / Off	S / N/S / U/C / Rooftop or				
CA / REV / REP. / 24 HRS	Vehicle: INTOUT	Re	0(
Date: Person Contacte		The U/C / Chassis frame / Bo	dy Structure affected due to collision.				
Date / Time Action / Instruction	L74 553	io					
Der loke							
(
· · · · · · · · · · · · · · · · · · ·							
		Dave Of Panair					
<u></u>	i. Report	Days Of Repair:	Survey Fee:				
	l Report	Masmiash Mor of Lith.	Transportation:				
Date/Time, File Return to?	Add Fe	e: Site Insp (\$)S+RS,SI				
2)	F-100-00 1 W	: Interview (\$) Photos				
Donald Comment		: Tech. Invs (\$) Others				
Report Format:	·	:Weekend (\$)				
Lump Sum / I.B.I: (\$	'		TOTAL				

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

0369D

Vehicle Details

Vehicle No.:

SKC835L

Vehicle to be Exported:

No

Intended De-registration

01 Feb 2018

Date:

Vehicle Make:

SUBARU

Vehicle Model:

LEGACY SEDAN 2.01 AWD

CVT ABS AIRBAGS

Primary Colour:

Purple

Manufacturing Year:

2009

Engine No.:

EJ20D951407

Chassis No.:

JF1BM5KC2AG004159

Maximum Power Output:

110.0 kW (147 bhp)

Open Market Value:

\$24,464.00

Original Registration Date:

21 Jul 2011

First Registration Date:

21 Jul 2011

Transfer Count:

1

Actual ARF Paid:

\$24,464.00 12232

Intended PARF Rebate Details

PARF Eligibility:

Yes

3.6

PARF Eligibility Expiry Date:

20 Jul 2021

PARF Rebate Amount:

\$15,901.00

Intended COE Rebate Details

COE Expiry Date:

20 Jul 2021

COE Category:

E - Open Category

COE Period(Years):

10

QP Paid:

\$56,001.00

COE Rebate Amount:

\$19,419.00

Total Rebate Amount:

\$35,320.00

The information contained herein is correct as at 01 Feb 2018

OK

