15/5/2010 INS. CASE OWNER:		ccb, Lapleso	2593, (	LKK: IDAC:	
Surveyor:	Mpens	DOI: ASSIGNM	ENT 8	Date / Time : Wolf of State   Time : To	11/18
Pre-assign / CCU / Insured Vehicle No. Name of Insured Insured Tel No. Excess Sec II :S\$ Is driver the owner?	SLE S	HP: D.O.A: WILL Nature of Accident:	Claim No. Policy No. Make / Model Place of Accide	Registered in Merimen:	1/w 12d
If NO, Driver Nam Driver Tel N	0 1	(V/L: YES / NO)	OI GIA REPOI Insured Liabilit	RT: YES / NO; TP GIA REPORT: Y y: % Final? Yes / No	
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time		F			1 mm / mr c
	SUP GADY X:	SIE 15/10/	X	The state of the s	ATE / PIC
	2-1 (01. 1. )			Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup):	
				Call OI:	
100				After call ltr to OI:	
				Documentation Check List: Handler	Typist
				Notification ltr (if non-pickup)	
				After call ltr to OI:	
				Authorisation To Act:	
				Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	
				Towing Invoice	
				LTA / GIA :  Medical Bill:	
				PIR:	
				Mandate/Reject Instruction:	
				LOD	
DDEL DENIL DEL COMO	D. A. FDI	0 . 0		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
				Others:	
FINALIZATION	Date/Time:	Confirm with:	20	Confirm by:	
Repair Cost:	S\$ (	days) Reduction:	%	Email Call	
FINAL SETTLEMENT		Confirm with		Email Call	
Final Liability:		Assessed) 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		OR + LOI [Tick only one]	A STATE OF THE STA		
GIA/LTA Search	S\$			Claim status: Normal/Reject/Priva	ate Settle
Medical:	S\$	/- m /* 1		Claim status: Normal/Reject/Pfive     Report Format:	no bonie
Disbursement:	S\$	(e.g. Tow/ Independent	)	3) Survey fee:	
Legal Cost	S\$	Clobal Cum CC.		3) Survey Ice.	
Total:	S\$	Global Sum S\$:		Email Call	
FINAL PAYMENT	Date/Time:	Confirm with:		Ешап Сап	
Payee 1:	S\$	Name 1:		- +0-	
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: MC/CLS	REF:	ALL		
AGG. NEG. 01.77	A	SSIGNMENT		1
	Date:	Veh No:	LP (1812	(Yr Regn: 6 / 17
From: Estimated Cost:	Date:			rry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / E	EVA / INV / MV	Truck / T		,
To Inspect Vehicle No:	5124A2 V	Make:	Dunk Vic	oc c.c 1496
at Workshop m/s	- TOTOX	Colour	Grey	A/C: Insured / Std / NI / NA
of	Jesu)	Sp.Reading	(77/	T/Radio: Insured / Std / NI / NA
7.01	6351D	Eng/No:	4/260	
Policy No.	,0 2011	C/No:	MHFR79E	3802012/69
Claims No.			od / Fair / Poor / Burnt	2000010101
Sum Insured:	Excess:		Jammed / Leaked /	Burnt or
(Client's Record)			/ Jammed / Leaked /	
Make of Veh:			/Rim / STD A/Rim or	/
		Tyre Size:	F: 195	/s0116
(Policy Condition)		7 1,916 3126.	R:	120.010
Remark: The veh had commenced	its N/S O	S BETOUN / FXN		MIC / OHTSU / PIR / SUMI /
repair at the time of inspe		TOYO / YOKO		MIC / OH 130 / FIX / SOMI /
Bal. or Market Value:		Front		Poor
	onsistent? : Yes or No	R/Bal.	7	Rear R/Bal. mm
/ .	onsistent? : Yes or No	L/Bal.	mm	I/Ral 7
Est. Repairs: 4 days	Res.: Yes or No	D.O.A. 24	12/1E mm	D.O.I. 26/2/18
Lium Sum: 20 %	3 Val.: Yes or No	Survey held at	70 -	26/1/10
0	72006			NIC LUIC LE
CA / REV / REP. / 24 HRS	Vehicle: IN / C		Rear 1 0/5 1	N/S / U/C / Rooftop or
Date: Person Conta				Structure affected due to collision.
Date / Time Action / Instruction				erranta anotota dae to comport.
2) VIS Conf. cm	A L/S \$ 3	300 Wil	william	
11/10	C -			
			*	
			-	
Date/Time, File Pass to? * : Pre	li. Report	Days Of Repair		8
	al Report	Resurvey No. o	of Trip:	Survey Fee:
Date/Time, File Return to?				Transportation:
2)	Add F			)S +RS,SI
		: Interview	V (\$	) Photos
Report Format :		: Tech. In	vs (\$	) Others
Lump Sum / I.B.I: (\$	)	: Weeker	nd (\$	)
				TOTAL

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars			
Owner ID Type:	Company		
Owner ID:	7200G		
Vehicle Details			
Vehicle No.:	SLP4812X		
Vehicle to be Exported:	Yes		
Intended De-registration Date:	26 Feb 2018		
Vehicle Make:	TOYOTA		
Vehicle Model:	VIOS 1.5E CVT		
Primary Colour:	Grey		
Manufacturing Year:	2017		
Engine No.:	2NRX160351		
Chassis No.:	MHFB29F3802012169		
Maximum Power Output:	79.0 kW (105 bhp)		
Open Market Value:	\$12,785.00		
Original Registration Date:	07 Jun 2017		
First Registration Date:	07 Jun 2017		
Transfer Count:	0		
Actual ARF Paid:	\$7,785.00		
Intended PARF Rebate Details			
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	06 Jun 2027		
PARF Rebate Amount:	\$5,838.00		
Intended COE Rebate Details			
COE Expiry Date:	06 Jun 2027		
COE Category:	A - Car up to 1600cc & 97kW (130bhp)		
COE Period(Years):	10		
QP Paid:	\$51,600.00		
COE Rebate Amount:	\$41,280.00		
Total Rebate Amount:	\$47,118.00		

The information contained herein is correct as at 26 Feb 2018

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID:	7200G	
Vehicle Details		
Vehicle No.:	SLP4812X	
Vehicle to be Exported:	No	
Intended De-registration Date:	26 Feb 2018	
Vehicle Make:	TOYOTA	
Vehicle Model:	VIOS 1.5E CVT	
Primary Colour:	Grey	
Manufacturing Year:	2017	
Engine No.:	2NRX160351	
Chassis No.:	MHFB29F3802012169	
Maximum Power Output:	79.0 kW (105 bhp)	
Open Market Value:	\$12,785.00	
Original Registration Date:	07 Jun 2017	
First Registration Date:	07 Jun 2017	
Transfer Count:	0	
Actual ARF Paid:	\$7,785.00	
Intended PARF Rebate Deta	ails	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	06 Jun 2027	
PARF Rebate Amount:	\$5,838.00	
Intended COE Rebate Detail	ls	
COE Expiry Date:	06 Jun 2027	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$51,600.00	
COE Rebate Amount:	\$47,885.00	
Total Rebate Amount:	\$53,723.00	

The information contained herein is correct as at 26 Feb 2018