	 _		
		01	

Payee 1:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

S\$

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Name 1:

Name 2:

Name 3:

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INS. CASE OWNER		CC P / TCK 18	10 3000	4 102 II	DAC:	
Surveyor:	ADMAN	DOI:	IGNMENT 15/3/18	Date / Time :	15/3/18	
				Registered in Merimer	163	18
Pre-assign / CCU /	FTE	/ T				
Insured Vehicle No.	SJP 5	>161	Claim No.			[nx
Name of Insured	*		Policy No.			_
Insured Tel No.		HP:	Make / Model			_
Excess Sec II :S\$		D.O.A: 7/3/18	Place of Accid	lent:		
Is driver the owner		Nature of Accident:				
If NO, Driver Nam	ne / Age :		OI GIA REPO	RT: YES / NO ; TP GI	A REPORT: VES /	NO
Driver Tel 1		(V/L: YES / NO)	Insured Liabili		nal? Yes/No	110
GBF 854	1 Y				-	
INSRS: WSP: NHT Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time						
	GREF 8541 4 2	1	. 0	STAGE	DATE	PIC / PIC
	an my	(ACM 200 66PK) 3	1 20013: 2/3/d	Non-Reporting ltr (1st): Non-Reporting ltr (2nd)		
	201 20101			Non-Reporting ltr (Fina	1):	
Ę.				Notification ltr (if non-p Call OI:	sickup):	
				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 Instru	action:	
				LOD		
DET TRATELL DAY L DAY CO.	75 (75)			Payment Breakdown	Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
FINALIZATION	Date/Time:	Confirm with		Others:		
Repair Cost:	S\$ (Confirm with: days) Reduction:	0/	Confirm by:	"	
TINAL SETTLEMENT	Date/Time:	Confirm with	%		mail Call	
Final Liability:	1.4	Assessed) BOLA S/N No.		Email Call If NO or B 28, Ass. I	in	
Repair Cost:	S\$	1 100000047 15 0111 0111 110.		11 NO 01 B 20, ASS. L		
Loss of Rental (LOR):	S\$ (days)				
loss of Use (LOU):	S\$ (\$ x	days)				
loss of Income (LOI):	S\$ (\$ x	days)				
OR only LOU only		OR + LOI [Tick or	nly one]	11111111111		
GIA/LTA Search	S\$					b.,
Medical: Disbursement:	S\$	/_ m /* ·	1 13	1) Claim status: Norm	nal/Reject/Private S	Settle
Legal Cost	S\$ S\$	(e.g. Tow/ Inde	pendent)	Report Format: Survey fee:		
Total:	S\$	Global Sum SS:		(3) Survey ree;		
FINAL PAYMENT	Date/Time:	Confirm with:	The Paris	Email Call		,

= ASS. REC. BY: Adrian Liny

	Veh No: 6BF85417, Yr Regn: 2017 / March				
From: Date: Estimated Cost:	Type: M.Car / M.Cycle / Bus (Van)/ Lorry / Taxi / Prime Mover /				
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or				
	Make: Nissan Urvan. c.c 2488				
To Inspect Vehicle No:	Colour Silves. A/C: Insured / Std / NI / NA				
at Workshop m/s	Sp.Reading 45772 T/Radio: Insured / Std / NI / NA				
of	Eng/No:				
Insured:	C/No: JNIMC2 E26 ZOUV 7384.				
Policy No.	Gen. Cond: Good) Fair / Poor / Burnt				
Claims No. Sum Insured: Excess:	Steering: Mordey / Jammed / Leaked / Burnt or				
	Brake: morder/Jammed/Leaked/Burnt or				
(Client's Record) Make of Veh:	Modi : Nil / S/Rim / STD A/Rim or				
iviake of veri.	Tyre Size: F: 185R/5C				
(Policy Condition)	'R: 195R15C.				
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /				
repair at the time of inspection.	TOYO/YOKO or JKTyre.				
Dal as Market Value	Front Rear				
Bal. or Market Value: IDAC Accident Root: Consistent? : Yes or No	R/Bal. 06 . mm R/Bal. 06 mm				
15 to resident those	L/Bal. QG mm L/Bal. QG mm				
	D.O.A. D.O.I. 15/03/18				
	Survey held at NHT.				
Lum Sum: % 3 Val.: Yes or No	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or				
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Frest N/S.				
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time Action / Instruction					
T? AlG.					
Date/Time, File Pass to? Preli Report					
	Days Of Repair:				
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation:				
Add Foo					
2) Add ree	: Interview (\$) Photos .				
Panart Format	: Tech. Invs (\$) Others				
Report Format :	: Weekend (\$				
Lump Sum / I.B.I: (\$. Weekend (v				

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 0433R

Vehicle Details

Vehicle No.: GBF8541Y

Vehicle to be Exported: Yes

Intended De-registration Date: 15 Mar 2018

Vehicle Make: NISSAN

Vehicle Model: NV350 PANEL VAN 2.5 5MT 5DR EURO V

Primary Colour: Silver

Manufacturing Year: 2016

Engine No.: YD25408758A

Chassis No.: JN1MC2E26Z0007384

Maximum Power Output:

Open Market Value: \$23,668.00

Original Registration Date: 29 Mar 2017

First Registration Date: 29 Mar 2017

Transfer Count: 0

Actual ARF Paid: \$1,184.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date:

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 28 Mar 2027

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

QP Paid: \$49,810.00

COE Rebate Amount: \$39,848.00

Total Rebate Amount: \$39,848.00

The information contained herein is correct as at 15 Mar 2018

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