INS. CASE OWNER	R:	CC 4/ LCR 180	o sasv,	Ywa3 IDA	K: AC:	
Surveyor:	WAREN	ASSIGN		Date / Time :	14/4	
				Registered in Merimen:	MYL	K
Pre-assign / CCU	/FTE	2-11-M			0111	
Insured Vehicle No		TYPIW.	Claim No			60
	·		Claim No.	•		0 1
Name of Insured	:		Policy No.	:		
Insured Tel No.	:H	P:	Make / Model	:		
Excess Sec II :S\$	D	.O.A: 773/18	Place of Accid			
Is driver the owner		ature of Accident :				
If NO, Driver Nan			OLCIA REDO	DT. VEC /NO . TR CIA	DEDORT, VEC / NO	
Driver Tel 1		(V/L: YES / NO)	Insured Liabili	RT: YES / NO ; TP GIA ty: % Fin	al? Yes/No	
- do	NO	(V/L. 1E3/NO)	Ilisuica Liabili	ty. 76 Fill	al: 1687 NO	
18281 U						_
INSRS:	A DIEDE		Diene		Diebe	
WSP: WSP:	INSRS: WSP:		INSRS: WSP:		INSRS: WSP:	
Tel:	Tel:	A-A	Tel:	1-4	Tel:	
Liability:	Liability:		Liability:	K-H	Liability:	
RMKS:	RMKS:		RMKS:		RMKS:	_
Date/ Time						
	PB2581U-X;	814781m-X		STAGE	DATE / PI	С
				Non-Reporting ltr (1st):		
				Non-Reporting ltr (2nd): Non-Reporting ltr (Final):		
				Notification ltr (if non-pic		
				Call OI:		
				After call ltr to OI:		
				Documentation Check I		st
				Notification ltr (if non-pic	kup)	
				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 Instruct	tion:	-0
				LOD		
DELIMINADY ADVICE	Data /Times	0 . D		Payment Breakdown Fo	rm:	
RELIMINARY ADVICE	Date/Time;	Sent By:		Post-Repair Photos:		
INALIZATION	Date/Time:	Confirm with:		Others: Confirm by:		
epair Cost:	S\$ (	days) Reduction:	%	Ema	ail Call	
INAL SETTLEMENT		onfirm with	70	Email Call	1	
inal Liability:		ssessed) BOLA S/N No. :		If NO or B 28, Ass. Lia	:	
epair Cost:	S\$					
oss of Rental (LOR):	S\$ (	days)				
oss of Use (LOU):	S\$ (\$ x	days)				
oss of Income (LOI):	S\$ (\$ x	days)				
OR only LOU only		+ LOI [Tick only one				
IA/LTA Search	S\$ S\$			1) Claim status Manual	I/Daigat/Driverto Cattle	
fedical: visbursement:	S\$	(e.g. Tow/ Independen	it)	Claim status: Normal     Report Format:	/Kejecu/Filvate Settle	
egal Cost	S\$	(e.g. 10w/ independer	,	3) Survey fee:		
otal:	TIC. ID.	lobal Sum S\$:		The American State of the American		
INAL PAYMENT	Date/Time: Co	onfirm with:		Email Call		
avee 1:	S\$ N	ame 1:				

Name 2: Name 3:

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

S\$ S\$

(08/11/13) wef	
ASS. REC. BY: MEXCLS	A12/
	SSIGNMENT
From: Date:	72210. (00
Estimated Cost:	Veh No: Yr Regn: 6/ 3 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TP/ WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: R 2 681 (1	Make: Yanaha RX-K c.c 135
at Workshop m/s	Colour Block A/C: Insured / Std / NI / NA
of	Sp.Reading / 40 / T/Radio: Insured / Std / NI / NA
Insured: SLG7761M	Eng/No:
Policy No.	C/No: 13 X O O f 2 * 78
Claims No.	Gen. Cond Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Ing/der / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Increer / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 2.50-16
(Policy Condition)	R: 90-90-18
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 ZKR
Bal. or Market Value:	Front Rear /
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. mm L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. 2/8/18 D.O.I. 2/8/18
Lum Sum: % 3-Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS 30 (1) 2022	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OL	Rear NS, OS S.L
	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fe	ee: : Site Insp (\$)s *RS,SI
	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (\$)	:Weekend (\$)
	TOTAL

**Enquire PARF/COE Rebate for Registered Vehicle** 

wner ID Type:	Singapore NRIC
wner ID: Yehicle Details	7937A
'ehicle No.:	FB2581U
ehicle to be Exported:	No
ntended De-registration Date:	02 Apr 2018
ehicle Make:	YAMAHA
ehicle Model:	RX-K
rimary Colour:	Black
Nanufacturing Year:	1983
ngine No.:	13X008278
hassis No.:	13X008278
Maximum Power Output:	-
pen Market Value:	\$0.00
Original Registration Date:	18 Jun 1983
irst Registration Date:	18 Jun 1983
ransfer Count:	3
actual ARF Paid: ntended PARF Rebate Details	\$0.00
ARF Eligibility:	No
ARF Eligibility Expiry Date:	-
ARF Rebate Amount: ntended COE Rebate Details	\$0.00
COE Expiry Date:	30 Nov 2022
OE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$1,930.00
OE Rebate Amount:	\$899.00
otal Rebate Amount:	\$899.00

The information contained herein is correct as at 02 Apr 2018

ОК