INS. CASE OWNER	cc	4/LPC1800 89	a4, K	LKK: IDAC:
	Any	ASSIGNMEN		15/26/16
Surveyor:	11 0	DOI: () () ()		ate / Time :
Pre-assign / CCU /		,	K	egistered in Merimen:
Insured Vehicle No.	SJ6 29169)	Claim No. :	18/18/18/VP 05 020603
Name of Insured				
K_U			Policy No. :	
Insured Tel No.	:HP: D.O.A : _		Make / Model :	
Excess Sec II :S\$ Is driver the owner?			Place of Accident	
	Andrew of Annabas P	f Accident :		
If NO, Driver Nam Driver Tel N			OI GIA REPORT nsured Liability :	: YES / NO ; TP GIA REPORT: YES / NO % Final ? Yes / No
- 26N 888	<u> </u>	→		
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:
Date/ Time				
	SG18887-9/CM/ST	D 60810 1010 4343		TAGE DATE/PIC
		11 (14 (1/4)		on-Reporting ltr (1st): on-Reporting ltr (2nd):
			N	on-Reporting ltr (Final):
				otification ltr (if non-pickup): all OI:
			A	fter call ltr to OI:
	,		page (ocumentation Check List: Handler Typist
				otification ltr (if non-pickup) fter call ltr to OI:
				uthorisation To Act:
			R	elease Voucher:
				inal Repair Bill:
				ar Rental Invoice:
				TA / GIA :
				fedical Bill:
			P	IR:
				Mandate/Reject Instruction:
				OD ayment Breakdown Form:
PRELIMINARY ADVICE	Date/Time:	Sent By:		ost-Repair Photos:
				Others:
FINALIZATION	Date/Time:	Confirm with:		Confirm by:
Repair Cost: FINAL SETTLEMENT	S\$ (days) Date/Time: Confirm		%	Email Call Call
Final Liability:	% (Agreed / Assessed)			mail Call FNO or B 28, Ass. Lia :
Repair Cost:	S\$,	1.7	110 01 B 20, 1888. Dit .
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU): Loss of Income (LOI):	S\$ (\$ x days) S\$ (\$ x days)			
LOR only LOU only	S\$ (\$ x days) LOR + LOU LOR + LOI			
GIA/LTA Search	S\$	[xick only one]		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent)) Report Format:
Legal Cost Total:	S\$ Global S	Sum \$\$.	[3) Survey fee:
FINAL PAYMENT	Date/Time: Confirm	Name and Address of the Owner, where the Park of the Owner, where the Park of the Owner, where the Owner, which is the Owner, whic	F	Email Call
Payee 1:	S\$ Name 1:	011140000	-	
Payee 2: (Strike if N.A.)	S\$ Name 2:			
Payce 3: (Strike if N.A.)	S\$ Name 3:			

REF: FWB	IRC
Binshir	A CONCANTENT
From: Date: 16 5 18	Veh No. Share 1 Nov. 1 Assign
Estimated Cost:	Type: M.Cary 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: SGN 8882 L	Make: Mini One c.c. 1598
at Workshop m/s E-fhicarz	Colour A/C: Insuped / Std / NI / NA
of 56 Loyeng Way # 04-04 Insured:	Sp.Reading 8 5/65 T/Radio: Inst@ed / Std / NI / NA Eng/No:
SCHOOL STREET, SCHOOL	781; C/No: WMWSR320847759829
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inordal / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD/A/Rim or
Make of yell.	Tyre Size: F: 17 / 6 r 1/4
(Delian Condition)	R:
(Policy Condition) Remark: The veh had commenced its N/S	O/S ST DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	R/Bal. 2 mm Rear
IDAC Accident Rport: Consistent? : Yes or No	L/Dal 1
GIA / PR Seen: Consistent? : Yes or No	7
Est. Repairs: days Res.: Yes or No	, , , , , , ,
Lum Sum: % 3 Val.: Yes or No	Survey held at Ethicart
CA / REV / REP. / 24 HRS W) Vehicle: IN	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	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
2) Ad	d Fee: : Site Insp (\$)s+Rssi
	: Interview (\$) Photos

Tech. Invs (\$

Weekend (\$

) Others

TOTAL

Report Format:

Lump Sum / I.B.I: (\$

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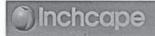
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Vehicle Owner Particulars			
Owner ID Type:	Singapore NRIC		
Owner ID: Vehicle Details	57891		
Vehicle No.:	SGN8882L		
Vehicle to be Exported:	No		
Intended De-registration Date:	16 May 2018		
Vehicle Make:	MINI		
Vehicle Model:	ONE 1.6 AT ABS D/AIRBAG 2WD 3DR		
Primary Colour:	White		
Manufacturing Year:	2011		
Engine No.:	B155J019N16B16A		
Chassis No.:	WMWSR32080TY59829		
Maximum Power Output:	72.0 kW (96 bhp)		
Open Market Value:	\$18,255.00		
Original Registration Date:	29 Dec 2011		
First Registration Date:	29 Dec 2011		
Transfer Count:	1		
Actual ARF Paid: Intended PARF Rebate Details	\$18,255.00		
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	28 Dec 2021		
PARF Rebate Amount:	\$11,865.00		
Intended COE Rebate Details			
COE Expiry Date:	28 Dec 2021		
COE Category:	A - Car (1600cc & below)		
COE Period(Years):	10		
QP Paid:	\$50,001.00		
COE Rebate Amount:	\$18,078.00		
Total Rebate Amount:	\$29,943.00		

The information contained herein is correct as at 16 May 2018