	INP		IGNMENT	1)	11.6	
Surveyor:	0001	DOI:	3/8/18	Date / Time : /5 Registered in Merimen:	24/6/11	
Pre-assign / CCU /	FTE	2 16		registered in Worlines.	-	
Insured Vehicle No.	SLG	5 + 260	Claim No.	:		
Name of Insured		,	Policy No.	:		
Insured Tel No.	:	HP:	Make / Model			
Excess Sec II :S\$		D.O.A: W 5 18	Place of Accid			
Is driver the owner	(YES / NO)	Nature of Accident :				
If NO, Driver Nam	ne / Age :		OI GIA REPO	ORT: YES / NO ; TP GIA REPO	ORT: YES / NO	
Driver Tel 1	Driver Tel No.: (V/L: YES / NO.)		Insured Liabil	Insured Liability: % Final? Yes/No		
CB2 307	37 - SI	G 5726	5825	512T		
INSRS: WSP: Tel: Liability: RMKS:	INSRI WSP: Tel: Liabil RMK	ity:	INSRS: WSP: Tel: Liability: RMKS:	_P ~ 1\ld -\ld 1	P:	
Date/ Time						
	PBACCOT - CUS	150116020063/A	4902 - DOA 2016	STAGE	DATE / PIC	
	MARTINA	(00,00	1/2/	Non-Reporting ltr (1st): Non-Reporting ltr (2nd):		
	Slastic C- X		51	Non-Reporting ltr (Final):		
1939				Notification ltr (if non-pickup): Call OI:		
4560		**		After call itr to OI:		
			8	Documentation Check List: Notification ltr (if non-pickup)	Handler Typist	
ia .				After call ltr to OI:		
				Authorisation To Act:		
***				Release Voucher: Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA : Medical Bill:		
541	*			PIR:	-31	
				Mandate/Reject Instruction:		
				LOD		
PRELIMINARY ADVICE	Date/Time:	Sent By:	THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY.	Payment Breakdown Form: Post-Repair Photos:		
				Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (days) Reduction:	%	Email	Call	
TINAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
'inal Liability: Repair Cost;	% (Agree	d / Assessed) BOLA S/N No.	. :	If NO or B 28, Ass. Lia:		
Loss of Rental (LOR):	S\$ (days)				
loss of Use (LOU):	(2.2	x days)				
oss of Income (LOI):		x days)				
OR only LOU only		LOR + LOI [Tick or	nly one]			
GIA/LTA Search Medical:	S\$ S\$			Claim status: Normal/Rej	ect/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Inde	ependent)	Claim status: Normat/Rej Report Format:	ecorrivate Settle	
Legal Cost	S\$	(-D	4	3) Survey fee:		
Total:	SS	Global Sum S\$:		page 1 pa		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		
Payee 1:	S\$	Name 1:				
	S\$	Name 2:				
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	S\$	Name 3:	N -5			

REF:

ASSIGNMENT

From: Date:	Veh No: SBQSSIZT. Yr Regn: 2017 / Feb.
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 er
To Inspect Vehicle No:	Make: Mit Atrage c.c 1193.
at Workshop m/s	Colour Sives A/C: Insured / Std / NI / NA
of	Sp.Reading 40467, T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: MMBSTA 13AH (+1003942
Claims No.	Gen. Condy Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/ Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim STD A/Rim or
	Tyre Size: F: 185/55 RF5
(Policy Condition)	R: 185/55R15.
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
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal.
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 23/05/18
Lum Sum: % 3 Val.: Yes or No	Survey held at MG Solution
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	The Mode of the Structure of State of the total dise to collision
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
TPAL6	
MV: 60K	
PV: 4361C	
Nett: 16.41C.	
	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to? 2) Add Fee	Transportation: : Site Insp (\$)S+RSSI
2) Add Fee	
Powert Format .	: Interview (\$) Photos : Tech. Invs (\$) Others
Report Format :	: Weekend (\$
Lump Sum / I.B.I: (\$: Vveekend (\$\sqrt{9}\) TOTAL
	IMINE



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	Business	
Owner ID:	6737C	
Vehicle Details		
Vehicle No.:	SBQ5512T	
Vehicle to be Exported:	Yes	
Intended De-registration Date:	23 May 2018	
Vehicle Make:	MITSUBISHI	
Vehicle Model:	ATTRAGE 1.2 CVT	
Primary Colour:	Silver	
Manufacturing Year:	2016	
Engine No.:	3A92UDP3563	
Chassis No.:	MMBSTA13AHH003942	
Maximum Power Output:	57.0 kW (76 bhp)	
Open Market Value:	\$13,671.00	
Original Registration Date:	21 Feb 2017	
First Registration Date:	21 Feb 2017	
Transfer Count:	0	
Actual ARF Paid:	\$5,000.00	
Intended PARF Rebate Details		
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	20 Feb 2027	
PARF Rebate Amount:	\$3,750.00	
Intended COE Rebate Details	A THE COURSE AND THE PROPERTY OF THE PROPERTY	
COE Expiry Date:	20 Feb 2027	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$49,751.00	
COE Rebate Amount:	\$39,800.00	
Total Rebate Amount:	\$43,550.00	

The information contained herein is correct as at 23 May 2018