15/5/2010 INS. CASE OWNER	CC4/A16 180	(0006,	Amas LKK:	
Surveyor:	ADPUN ASSIGN		Date / Time :	1/8/18
Surveyor.			Registered in Merimen:	3 6/2018
Pre-assign / CCU	/FTE			
Insured Vehicle No	SIXYYIL	Claim No.		1 ×
***)			\(\chi_{\chi}\)
Name of Insured		Policy No.	:	
Insured Tel No.	:HP:	Make / Model	:	
Excess Sec II :S\$	810/ 50 XO.V.	Place of Accid	dent :	
Is driver the owner	? (YES / NO) Nature of Accident :			
		OLGIA DEDO	DRT: YES / NO ; TP GIA REI	DORT, VEC / NO
If NO, Driver Nar		Insured Liabil	SERVICE CONTRACTOR OF SECURITION OF SECURITI	Yes / No
CKN 338,	<u>√</u>			
INSRS. WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	W: Te Lis	SRS: SP: II: ability: MKS:
Date/ Time				
	Carry		STAGE	DATE / PIC
	MIMIMI STORY WY:	POA: 27/05/18	Non-Reporting ltr (1st):	
	(STX 42116) - 207/A1618009930/A-16:	DEA: 77/18	Non-Reporting ltr (2nd): Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup)	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List:	
			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	
			Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time: Sent By:		Post-Repair Photos:	
			Others:	
FINALIZATION	Date/Time: Confirm with:		Confirm by:	
Repair Cost:	S\$ (days) Reduction:	%	Email _	Call
FINAL SETTLEMENT	Date/Time: Confirm with		Email Call	
Final Liability:	% (Agreed / 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)	1		
LOR only LOU only	LOR + LOU LOR + LOI Tick only one	1		
GIA/LTA Search	S\$ S\$		1) Claim status: Normal/Reje	ect/Private Settle
Medical: Disbursement:	S\$ (e.g. Tow/ Independen	t)	2) Report Format:	
La isour sement.	(v.B. to maspertant			

S\$

S\$

S\$

S\$

S\$

Date/Time:

Global Sum SS:

Confirm with:

Name 1:

Name 2: Name 3:

Legal Cost

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Total:

Payee 1:

3) Survey fee:

Call

Email

ASS. REC. BY: Adrian Liny	REF:			
d	ASSI	GNMENT	2	
5	Deter	Veh No:	SKN338Y Yr Regn: 2010 10	ee
From:	Date:		/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	
Estimated Cost:		1.	/ Trailer or	
OD / TP / WS / TP RES / OD RES /	EVA / INV / MV	AVALANCE	BMW 5351 c.c 297	10
To Inspect Vehicle No:	7°	Make:		-
at Workshop m/s		Colour	While A/C: Insured / Std / Ni	
of		Sp.Reading	136677 T/Radio: Insured / Std / N	I/NA
Insured:		Eng/No:	24 22	
Policy No.		C/No:	WBAFR72060C580632	
Claims No.		Gen. Cond: G	Good / Fair / Poor / Burnt	
Sum Insured:	Excess:	Steering: Ino	order / Jammed / Leaked / Burnt or	
(Client's Record)		Brake: Ino	order / Jammed / Leaked / Burnt or	
Make of Veh:		Modi: Nil	/ S/Rim / STD A/Rim or	
	14	Tyre Size:	F: 255/35R20	
(Policy Condition)			R: 255/35 R20	
Remark: The veh had commenced	dits N/S O/S	BS / DUN / E	EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	-
repair at the time of insp	pection.	TOYO / YOU	OKO or	74
Bal. or Market Value:		Front	Rear	
	Consistent?: Yes or No	R/Bal.	Ob mm R/Bal. Ob	mm
	Consistent? : Yes or No	L/Bal.	Ob mm L/Bal. Ob ,	mm
Est. Repairs: days	Res.: Yes or No	D.O.A.	D.O.I. 2/105/18	
Lum Sum: %	3 Val.: Yes or No	Survey held a	at United SG-17	_
			nages: Frt / Rear / O/Ş / N/S / U/C / Rooftop or	_
CA / REV / REP. / 24 HRS	Vehicle: IN / OUT		Front N/S.	
Date:Person Con		The U/C	/ Chassis frame / Body Structure affected due to c	ollision
Date / Time Action / Instruction	on			
[P A14.				-
M1/ - 75/2	· ·			
mv: 7510				
Nett: 22.3k				,

Date / Time	Action / Instruction				
	TP Alh.				
		· ·			
	MV: 75/C.				
	mv: 75/c.			· ·	
	Nett: 22.3K				*
				4.4-1	
TE E					
te/Time, File Pa	ss to? : Preli. Repor	t	Days Of Repa	air:	

: Final Report 1) Date/Time, File Return to?

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

Resurvey No. of Trip:

Add Fee: Site Insp (\$ Interview (\$

Tech. Invs (\$ Weekend (\$

Transportation: _S+RS,_

Survey Fee:

Photos Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	9179E	
Vehicle Details		
Vehicle No.:	SKN338Y	
Vehicle to be Exported:	Yes	
ntended De-registration Date:	31 May 2018	
Vehicle Make:	B.M.W.	
Vehicle Model:	5351 3.0L AT D/AB 2WD 4DR GAS/D SR HUD	
Primary Colour:	White	
Manufacturing Year:	2010	
Engine No.:	08187625N55B30A	
Chassis No.:	WBAFR72060C580632	
Maximum Power Output:	225.0 kW (301 bhp)	
Open Market Value:	\$61,236.00	
Driginal Registration Date:	21 Dec 2010	
irst Registration Date:	21 Dec 2010	
ransfer Count:	2	
ctual ARF Paid:	\$61,236.00	
ntended PARF Rebate Details	401,200,00	
ARF Eligibility:	Yes	
ARF Eligibility Expiry Date:	20 Dec 2020	
ARF Rebate Amount:	\$36,741.00	
ntended COE Rebate Details	THE REPORT OF THE PARTY OF THE	
OE Expiry Date:	20 Dec 2020	
OE Category:	E - Open Category	
OE Period(Years):	10	
P Paid:	\$64,900.00	
OE Rebate Amount:	\$15,961.00	
otal Rebate Amount:	\$52,702.00	

The information contained herein is correct as at 31 May 2018 $\,$



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