INS. CASE OWNER	R. Bry.	CC 4, ASM 180	royat,	A has IDAC:	50259
	1.00	ASSIGN			debara
Surveyor:	wy	DOI:	(1.6.18	Date / Time :	6(6/2018
				Registered in Merimen:	- ()
Pre-assign / CCU	/ FTE	2 -11			\bigcup
	SKI	ntusty		amin	112
Insured Vehicle No). :		Claim No.	: 00.14	0.
Name of Insured	:		Policy No.	:	
Insured Tel No.		HP:	Make / Model	:	
Excess Sec II :SS		D.O.A: 916 18	Place of Accid	ent :	
Is driver the owner	? (YES / NO)		Tidee of Ficeio	ent:	
_		Nature of Accident :			
If NO, Driver Nan				RT: YES / NO ; TP GIA REPO	
Driver Tel		(V/L: YES / NO)	Insured Liabili		les / No
680 596	OC (K	m 72/C1Y	67236	92M	
		10.1	-	13	
INSRS:	INSRS		INSRS:	INS	
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Date/ Time					
Date/ Time	1			OTH OTH	D. (200) D. (2
	67769MM }	W. 100 1000 2 2 2 2 20	4	STAGE Non-Reporting ltr (1st):	DATE / PIC
	Chrospy JAN	145 (20) 10xxx/x 2 " 60	1. 4/6/18	Non-Reporting ltr (2nd):	
	16m1 1011			Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup):	
				Call OI:	
				After call ltr to OI: Documentation Check List: 1	In the Total
				Notification ltr (if non-pickup)	Handler Typist
				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	
RELIMINARY ADVICE	Date/Time:	Sent By:		Payment Breakdown Form:	
ELIMINAKI ADVICE	Date 1 lille.	Sellt Dy.		Post-Repair Photos: Others:	
NALIZATION	Date/Time:	Confirm with:		Confirm by:	
pair Cost:	S\$ (days) Reduction:	%	Email	Call
NAL SETTLEMENT	Date/Time:	Confirm with		Email Call	
nal Liability:		/ Assessed) BOLA S/N No.;		If NO or B 28, Ass. Lia:	
pair Cost:	S\$				
ess of Rental (LOR):	S\$ (days)			
oss of Use (LOU):	S\$ (\$ x	days)			
oss of Income (LOI):	S\$ (\$ x				
OR only LOU only	Total Control of the	OR + LOI [Tick only one]		
A/LTA Search	S\$			1) Claire state - Mar 1 mg 1	ot/Deisset - C. 111
edical:	S\$	/ T/1-1 1		Claim status: Normal/Reject Perort Format:	CUPTIVATE Settle
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NAL PAYMENT	Date/Time:	Confirm with:		Email Call	
	S\$	Name 1:		- Cull	
yee 1:					
yee 2: (Strike if N.A.)	S\$	Name 2:			
		INSTITUTE A			

REF: ASM (AXA)

100 000		ACCUPATION OF THE PARTY.	7.75	100,000	700.77	
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100		-	NIN	6.95.	. I. N	-4
1 3 1 1	D.M.	121	7.4.1	2.3.4		-0.

From: Date: 11.062018	Veh No. 673692M. Yr Regn: 2006, March.
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van (Corry) Taxi / Prime Mover /
OD / P) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: GZ 3692M	Make: Nissur Casstar c.c 3153
at Workshop m/s United St. Automobile	Colour Silves. A/C: Insured / Std / NI / NA
of 53 Ubi Ave 1 #01-56	Sp.Reading 293906, T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JNISTAF2320860921
Claims No.	Gen. Cond Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Lorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or
Office to	Tyre Size: F: 195 RIS C. CSTITES
(Policy Condition) after loam	R: 155RIZC. (STITES
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. Og mm R/Bal. Og mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 2 11 06/18
Lum Sum: % 3 Val.: Yes or No	Survey held at United 3G,
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rea / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction CO	E Forging: 21/03/21
MV: 231C PV:1371C Nett: 4.3K.	
Slott 10.3K.	
Tren -	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation : Site Insp (\$) _S+RSSI
Add Fee	
	Tech Invs (\$) Others
Report Format :	The second secon
Lump Sum / I.B.I: (\$:Weekend (\$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company	
Owner ID:	0736Z	
Vehicle Details	的是一种,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	
Vehicle No.:	GZ3692M	
Vehicle to be Exported:	Yes	
Intended De-registration Date:	11 Jun 2018	
Vehicle Make:	NISSAN	
Vehicle Model:	CABSTAR G	
Primary Colour:	Silver	
Manufacturing Year:	2006	
Engine No.:	QD32218673	
Chassis No.:	JN1SF4F23Z0860921	
Maximum Power Output:		
Open Market Value:	\$18,866.00	
Original Registration Date:	22 Mar 2006	
First Registration Date:	22 Mar 2006	
Transfer Count:	1	
Actual ARF Paid:	\$944.00	
Intended PARF Rebate Details	· · · · · · · · · · · · · · · · · · ·	A PLOT
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
Intended COE Repare Details		25 13 16
COE Expiry Date:	21 Mar 2021	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	5	
PQP Paid:	\$22,724.00	
COE Rebate Amount:	\$12,682.00	
Total Rebate Amount: Message	\$12,682.00	

The information contained herein is correct as at 11 Jun 2018

vehicle.

New Cars

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FREE VALUATION

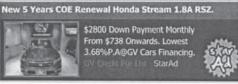
Let us tell you how much your car can sell for!

No obligations and it's FREE!

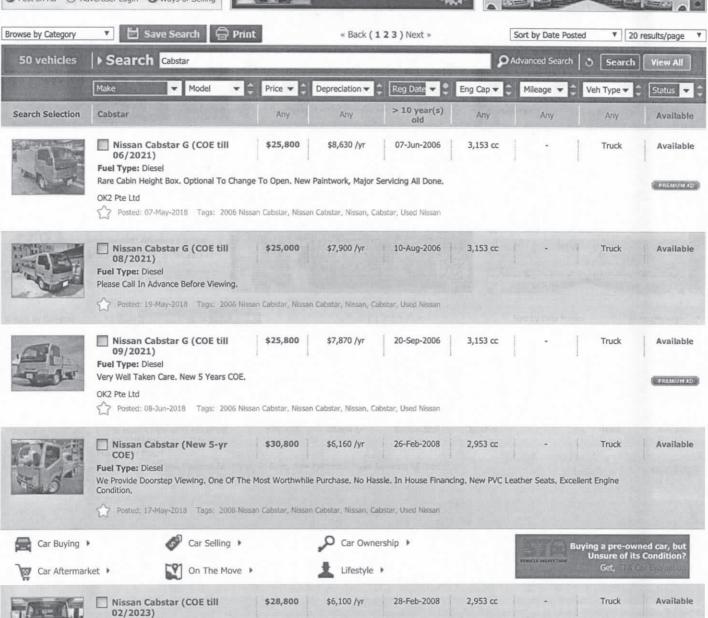
How much is my car worth?











Fuel Type: Diesel

Nissan Cabstar (New 5-yr

100% Loan Available! Deprication Only \$5.9k. New Paintwork Done, Leather Seat Upholstery, Leather Steering Re-wrap! Easy Loan/High Trade In For Your Old Truck. Accident Free, Immediate Delivery.

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\$30,800

COE) Fuel Type: Diesel

Cheapest! 1 Owner Only! COE Renew At \$23496! Reliable Commercial Truck! No Repair Needed, Well Maintained, Excellent Condition! Call For More

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Nissan Cabstar (COE till 02/2023)

\$28,800

\$6,100 /yr

\$6,160 /yr

29-Feb-2008

29-Feb-2008

2,953 cc

2,953 cc

Truck

Available

Available