INS. CASE OWNE	ER. RA	CC 4/ASM 181	0 (1038 /	A has LKK: IDAC:	41761	
Surveyor:	Lup.	DOI:	C / W	Date / Time :	4/6/18	
Pue essign / CCI	U/FTE C	(C A 4)		Registered in Merimen:		
Pre-assign / CC	SIA	N 2080T		(Imou	10.7	(
Insured Vehicle		201	Claim No.	: 20 11.001	MP)	. (7
Name of Insured	· Chuth	FRATORYAUTO	Policy No.	:		
Insured Tel No.		HP:	Make / Model			
Excess Sec II :SS		D.O.A: 6-6-18	Place of Accide	V ( 1 10 1		
Is driver the own			Flace of Accide	nt:		
	,	Nature of Accident :				
If NO, Driver No				T: YES / NO ; TP GIA RE		)
Driver Te	I No. :	(V/L: YES / NO)	Insured Liability	% Final?	Yes / No	
Shr to	129					
INSRS: WSP: Tel: Liability: W RMKS:	WS Tel Lia	7\ /	INSRS: WSP: Tel: Liability: RMKS:	W Te	ISRS: (SP: el: ability:	
Date/ Time						
	(Fr-70026-X			STAGE	DATE / P	IC
	EVent lat 10	1 Au . 1 1 1 1 01-3	VV . AMA Alilia	Non-Reporting ltr (1st): Non-Reporting ltr (2nd):		
	> CM 2080 [ - G	El Athy 2006 640 (263	you , and siding	Non-Reporting ltr (Final):		
	- (0	3/ Mh 1 4019 L 6 C Prix 12	N7: 6005: 28/9/14	Notification ltr (if non-pickup) Call OI:	):	
Ι - Λ	Δ.		(1:-)	After call ltr to OI:		
19/1	MM. Cent	ont but letter	-	Documentation Check List:	Handler Typ	ist
(1)				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:		Ħ
				LOD		
		1		Payment Breakdown Form:		
RELIMINARY ADVICE	E Date/Time:	Sent By:		Post-Repair Photos:		
2111 177 177 177 177 177 177 177 177 177	V	of b	v.	Others:		
NALIZATION main Costs	Date/Time:	Confirm with:	0/	Confirm by:		
pair Cost: NAL SETTLEMENT	S\$ ( Date/Time:	days) Reduction: Confirm with	%	Email Call	Call	
nal Liability:		ed / Assessed) BOLA S/N No.;		Email Call If NO or B 28, Ass. Lia:		
epair Cost:	S\$	our massassuf DOLL SIN NO.,		11 110 01 D 20, 738. LIA .		
ess of Rental (LOR):	S\$ (	days)				
oss of Use (LOU):	S\$ (\$	x days)				
oss of Income (LOI):	S\$ (\$	x days)				
OR only LOU only		LOR + LOI [Tick only o	ne]			
A/LTA Search	S\$					
edical:	S\$	/ m/1-1-1		Claim status: Normal/Rej     Papart Format:	ect/Private Settle	
sbursement:	S\$ S\$	(e.g. Tow/ Independ		Report Format:     Survey fee:		
gal Cost otal:	SS SS	Global Sum S\$:		o, burvey ice.		
NAL PAYMENT	Date/Time:	Confirm with:		Email Call		
	S\$	Name 1:		- Cuil		
yee 1:	S\$	Name 1: Name 2:				
yee 2: (Strike if N.A.)	SS SS	Name 2:				

REF: ASM (AXA)

11/038 (Mhps.

ASSIGNMENT	C. All Control	ALCOHOL: NAME OF TAXABLE PARTY.	Service on the service
	14. 56. 56. 3 3		THE INCH
	(3.1.2.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	CET ATA	ALCOHOL: N

From:	Date	12062018	Veh No: SFU 70926	Yr Regn: 20(6 / NOV
Estimated Cost:			Type M.Car M.Cycle / Bus / Van / Lo	orry / Taxi / Prime Mover /
OD(ITP) WS ITP RES I OD RES I	EVA / INV / MV		Truck / Trailer or	11102
To Inspect Vehicle No:	37U 7092B		Make: Herden City	c.c 1477.
at Workshop m/s	Kah Mulur	2	Colour Bleeck.	A/C: Insured / Std / NI / NA
of 15 (	Jbi Rd4		Sp.Reading 27303.	T/Radio: Insured / Std / NI / NA
Insured:			Eng/No:	
Policy No.				660HP000184
Claims No.			Gen. Cond Good Fair / Poor / Burns	t
Sum Insured:	Excess:		Steering: Inorder / Jammed / Leaked	/ Burnt or
(Client's Record)			Brake: Inorder / Jammed / Leaked	/ Burnt or
Make of Veh:	SM)		Modi: Nil / S/Rim / 8TD A/Rim o	
100	.mA		Tyre Size: F: /	185/55 R16. 85/55R16.
(Policy Condition)	AI* (		R: ( {	85/55R16.
Remark: The veh had commenced	lits	N/S O/S	BS DUN / EXNOVA / GY / FS / LIZA	/ MIC / OHTSU / PIR / SUMI /
repair at the time of insp	ection.		TOYO/YOKO or	
Bal. or Market Value;			Front	Rear
IDAC Accident Rport: C	onsistent? : Yes	or No	R/Bal. OG mm	R/Bal. 04 mm
GIA / PR Seen: C	consistent? : Yes	or No	L/Bal. 06 mm	L/Bal. 06 mm
Est. Repairs: days	Res.: Yes	or No	D.O.A.	D.O.I. 19/06/18.
Lum Sum: %	3 Val.: Yes	or No	Survey held at   Cah	Ustor. 1
CA / REV / REP. / 24 HRS		/ehicle: IN / OUT	Des. of Damages : Frt Rear / O/S	/ N/S / U/C / Rooftop or
Date: Person Cont		remote. III 7 001	The U/C / Chassis frame / Bod	y Structure affected due to collision.
Date / Time Action / Instruction			•	
MV: 73K PV: 50K NUT: 53K				
Date/Time, File Pass to? : Pr	eli. Report		Days Of Repair:	
) : Fi	nal Report		Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?				Transportation:
2)		Add Fee	: Site Insp (\$	)S + RSSI
			: Interview (\$	) Photos
Report Format :			: Tech. Invs (\$	) Others
Lump Sum / I.B.I: (\$		)	Weekend (\$	)

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	0760B
Vehicle Details	
Vehicle No.:	SFU7092G
Vehicle to be Exported:	Yes
Intended De-registration Date:	19 Jun 2018
Vehicle Make:	HONDA
Vehicle Model:	CITY 1.5 SV CVT
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	L15Z14111043
Chassis No.:	MRHGM6660HP000184
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$17,459.00
Original Registration Date:	16 Nov 2016
First Registration Date:	16 Nov 2016
Transfer Count:	0
Actual ARF Paid:	\$12,459.00
Intended PARF Repate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Nov 2026
PARF Rebate Amount:	\$9,344.00
Intended COE Rebate Details	(MARTHER REPORT OF THE PROPERTY OF THE PROPER
COE Expiry Date:	15 Nov 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,991.00
COE Rebate Amount:	\$40,792.00
Total Rebate Amount:	\$50,136.00

The information contained herein is correct as at 19 Jun 2018

