15/5/2010 INS. CASE OWNER	cc 6/ EQ1180	(1627,	Aua} LKK:
Surveyor:	ADMAN ASSIGN	-	Date / Time : >5 6 18
Carvoyor.		•	Registered in Merimen:
Pre-assign / CCU	FTE		Registered in Merimen.
	SIP 712B		
Insured Vehicle No	301 1120	Claim No.	:
Name of Insured		Policy No.	
Insured Tel No.	: HP:	Make / Model	
	7(1)		-
Excess Sec II :S\$	D.O.A: (0)	Place of Accide	ent:
Is driver the owner	? (YES / NO) Nature of Accident :		
If NO, Driver Nan	ne / Age :	OI GIA REPOI	RT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel 1	No.: (V/L: YES / NO.)	Insured Liabilit	
271314	2 1		
201214	<u>+5</u> — — —		
INSRS: WSP: Ny (e) Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:
Date/ Time		Turney.	KWIKO.
Date/ Time			lon, on
	57231945, 03/0A1/6005507/8/ASW	11 [[[[[]]]]	STAGE DATE / PIC Non-Reporting ltr (1st):
	CH XIV. X		Non-Reporting ltr (1st).
	MINION		Non-Reporting ltr (Final):
			Notification ltr (if non-pickup):
			Call OI:
			After call ltr to OI: Documentation Check List: Handler Typist
			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
PRELIMINARY ADVICE	Date/Time: Sent By:		Payment Breakdown Form:
PRELIMINARY ADVICE	Date/Time. Sent By:		Post-Repair Photos:
FINALIZATION	Date/Time: Confirm with:		Confirm by:
Repair Cost:	S\$ (days) Reduction:	%	Email Call
FINAL SETTLEMENT	Date/Time: Confirm with	E.M.	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)		
LOR only LOU only	LOR + LOU LOR + LOI Tick only one]	
GIA/LTA Search	S\$		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independer	nt)	2) Report Format:
Legal Cost	S\$ Clabel Sum SS.		3) Survey fee:
Total:	S\$ Global Sum S\$:		Email Call
FINAL PAYMENT	Date/Time: Confirm with:		Email Call

S\$

S\$

S\$

Payee 1:

Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.) Name 1:

Name 2:

Name 3:

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Limited Liability Partnership		
Owner ID:	1899G		
Vehicle Details	10773		
Vehicle No.:	SJL3144S		
Vehicle to be Exported:	Yes		
Intended De-registration Date:	25 Jun 2018		
Vehicle Make:	HONDA		
Vehicle Model:			
Primary Colour:	HONDA CITY LX 1.5 I-VTEC AUTO		
Manufacturing Year:	Grey		
Engine No.:	2008		
Chassis No.:	L15A71800798		
Maximum Power Output:	MRHGM26709P020126		
Open Market Value:	88.0 kW (118 bhp)		
Original Registration Date:	\$20,196.00		
irst Registration Date:	22 Nov 2008		
ransfer Count:	22 Nov 2008		
ctual ARF Paid:	4		
Mended PARE Repaire Details	\$20,196.00		
ARF Eligibility:			
ARF Eligibility Expiry Date:	Yes		
ARF Rebate Amount:	21 Nov 2018		
Lended COE Rebate Details	\$10,098.00		
OE Expiry Date:			
DE Category:	21 Nov 2018		
DE Period(Years):	A - Car (1600cc & below)		
P Paid:	10		
DE Rebate Amount:	\$10,989.00		
tal Rebate Amount:	\$448.00		
formation contained herein is correct as at 25 Jun 20	\$10,546.00		

