15/5/2010 INS. CASE OWNE	ER.	cc4, FW	P 180 11772,	Kegs LKK:		
Surveyor:	100		ASSIGNMENT 9-7/18	Date / Time:	61.8	
_				Registered in Merimen:	27/19/18	
Pre-assign / CC	U/FTE (1	· light D				
Insured Vehicle	No. :	41074	Claim No.	:		
Name of Insured			Policy No.			
		IID.		Make / Medel		
Insured Tel No.		D.O.A: 74/6	,0	Make / Model :		
Excess Sec II :S			Place of Acci	dent :		
Is driver the own	A STREET STATE) Nature of Accident :_				
If NO, Driver No.		(V/L: YES / N		OI GIA REPORT: YES / NO; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No		
S/CO 7188	B →					
INSRS: WSP: Tel: Liability: RMKS:	M(0.	NSRS: VSP: Cel: ciability:	INSRS: WSP: Tel: Liability: RMKS:	INSR WSP: Tel: Liabil RMK	lity:	
Date/ Time						
	SKIR 71888	X: GT V	965PX	STAGE Non-Reporting ltr (1st):	DATE / PIC	
		301	1 0 - 1	Non-Reporting ltr (2nd):		
				Non-Reporting ltr (Final): Notification ltr (if non-pickup):		
				Call OI:		
				After call ltr to OI:		
				Documentation Check List: Ha	andler Typist	
				Notification ltr (if non-pickup)		
				After call ltr to OI:		
				Release Voucher:		
				Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
				Medical Bill: PIR:		
				Mandate/Reject Instruction:		
				LOD		
			\	Payment Breakdown Form:		
PRELIMINARY ADVIC	E Date/Time:	Sent By:	V~	Post-Repair Photos:		
		() []	V	Others:		
FINALIZATION	Date/Time:	Confirm w		Confirm by:		
Repair Cost:	S\$	(days) Reduction:	%	Email	Call	
FINAL SETTLEMENT	Date/Time: Confirm with			Email Call		
Final Liability: Repair Cost:	% (Agreed / Assessed) BOLA S/N No. : S\$			If NO or B 28, Ass. Lia:		
Loss of Rental (LOR):	S\$ (days)					
Loss of Use (LOU):	S\$ (\$ x days)					
Loss of Income (LOI):	S\$ (\$	x days)				
LOR only LOU onl		LOR + LOI [Tic	k only one]			
GIA/LTA Search	S\$			1) (1)	(Deliverte Cartila	
Medical:	S\$	(a a Tarrel	Independent \	Claim status: Normal/Reject/Private Settle Penort Format:		
Disbursement:	S\$ S\$	(e.g. Tow/	Independent)	Report Format: Survey fee:		
Legal Cost Total:	S\$	Global Sum SS:		J Journey Too.		
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		
	S\$	Name 1:				
Payee 1: Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				
DATE OF THE PARTY	THE R. P. LEWIS CO., LANSING MICH. STREET, MICH. SHIPS SHOW.	THE R. L. WINDSHIPP THE WINDSHIP CONTROL AND P. LEWIS P.	NAME AND ASSOCIATED AS	ATTENDED TO SECURE AND ADDRESS OF THE PARTY	A COLUMN TO THE REAL PROPERTY AND THE	

ASS. REC. BY: REF: / WD /	
Renneth	ASSIGNMENT
From: Date:	the state of the s
Estimated Cost:	Veh No: SKG FIFFB Yr Regn: 12, 2 Type: M.Car/M.Cycle / Bus / Van / Lorry / Taylor
OD VIP WS / TP RES / OD RES / EVA / INV / MV	Long / Taxi / Prime Mover /
To Inspect Vehicle No:	Truck / Trailer or
at Workshop m/s B1H	Make: Opel In signif c.c 184
of	Colour A. Black AC: Insured / Std / NI / NA
Insured:	Sp.Reading 148275 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	C/No: WOLGMSEE 24 1130) Gen. Cond: Good (Fair / Park / Par
Sum logue de	Gen. Cond: Goed / Fair / Poor / Burnt
Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record) Make of Veh;	Brake: Inorder / Jammed / Leaked / Burnt or
MONO OI YEII;	Modi: Nil / S/Rim / STD A/Rim or
(Policy Condition)	TI - 275/857.RIS
Remark: The veh had commenced its N/S O	AV R:
repair at the time of inspection.	TOVO (NOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal, or Market Value:	- Rovela
IDAC Accident Rport: Consistent?: Yes or No	Rear
GIA / PR Seen: Consistent?: Yes or No	MBal mm R/Bal.
Est. Repairs: 04 days Res.: Yes or No	L/Bal. — — — — — — — — — — — — — — — — — — —
Lum Sum: 1.B./% 3 Val.: Yes or No	D.O.A. 24/6/18 D.O.I. 9/7/10
	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OU	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
111111111111111111111111111111111111111	anected due to collision.
10/ + the pass to Corbine	
Time, File Pass to?	
Prell. Report	Days Of Repair:
I Final D	Resurvey No. of T. I.
· ····································	
Add Fee:	: Site Insp (\$
Add Fee:) _ S+RS,SI
	Intension (C
ort Format :	: Interview (\$) Fixotos
	Interview (s

Singapore NRIC

1390D

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Owner ID:

Vehicle Details

Vehicle No.: SKQ7188B
Vehicle to be Exported: Yes

Intended De-registration Date: 26 Jun 2018
Vehicle Make: OPEL

Vehicle Model: INSIGNIA 2.0 AT ABS D/AB 2WD 4DR GAS/D

Primary Colour: Black
Manufacturing Year: 2010

 Engine No.:
 A20NHT0N015916

 Chassis No.:
 W0LGM5EE2A1130974

 Maximum Power Output:
 162.0 kW (217 bhp)

 Open Market Value:
 \$29,687.00

Original Registration Date: 23 Dec 2010
First Registration Date: 23 Dec 2010

Transfer Count: 4
Actual ARF Paid: \$29.687

Actual ARF Paid: \$29,687.00 Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 22 Dec 2020
PARF Rebate Amount: \$17,812.00

Intended COE Rebate Details

COE Expiry Date: 22 Dec 2020

COE Category: B - Car (1601cc & above)

 COE Period(Years):
 10

 QP Paid:
 \$71,186.00

 COE Rebate Amount:
 \$17,906.00

 Total Rebate Amount:
 \$35,718.00

The information contained herein is correct as at 26 Jun 2018

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Posted: 21-Jun-2018 Tags: 2014 Opel Insignia, Opel Insignia, Opel, Insignia, Used Opel

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