| 15/5/2010                                                           |              | CC 6, A16 180                           | 12851                                         | Upa 3 LKK:                                                                                                                  |                |
|---------------------------------------------------------------------|--------------|-----------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------|
| INS. CASE OWNER Surveyor:                                           | WAR          | ASSIGN DOI: ASSIGN                      |                                               | Date / Time :                                                                                                               | 1/18           |
| Pre-assign / CCU Insured Vehicle No Name of Insured Insured Tel No. | \$71         | u 9970R                                 | Claim No. Policy No.                          | Registered in Merimen:                                                                                                      | (V)            |
| Excess Sec II :S\$ Is driver the owner                              | ( YES / NO ) | D.O.A: 11 X (8)  Nature of Accident:    | Make / Mode<br>Place of Acci                  |                                                                                                                             |                |
| If NO, Driver Nar Driver Tel                                        |              | (V/L: YES / NO )                        | OI GIA REPO                                   | ORT: YES / NO ; TP GIA REPO                                                                                                 |                |
| INSRS:<br>WSP:<br>Tel:<br>Liability:<br>RMKS:                       | rofus. W     | NSRS: VSP: el: iability: MKS:           | INSRS:<br>WSP:<br>Tel:<br>Liability:<br>RMKS: | INSR<br>WSP<br>Tel:<br>Liabi                                                                                                | lity:          |
| Date/ Time                                                          |              |                                         |                                               |                                                                                                                             |                |
|                                                                     | 580 4670 61  | X; sjugazor-x                           |                                               | Non-Reporting ltr (1st):  Non-Reporting ltr (2nd):  Non-Reporting ltr (Final):  Notification ltr (if non-pickup):  Call OI: | DATE / PIC     |
|                                                                     |              |                                         |                                               | After call ltr to OI:                                                                                                       |                |
|                                                                     |              |                                         |                                               | Documentation Check List: Ha                                                                                                | andler 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                                                                                                                         |                |
|                                                                     |              |                                         |                                               | 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:                                                    |              | reed / 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): LOR only LOU only                             |              | x days)  LOR + LOI [Tick only one]      | ]                                             |                                                                                                                             |                |
| GIA/LTA Search                                                      | S\$          |                                         |                                               |                                                                                                                             |                |
| Medical:                                                            | S\$          |                                         |                                               | 1) Claim status: Normal/Reject                                                                                              | Private Settle |
| Disbursement:                                                       | S\$          | (e.g. Tow/ Independent                  | t )                                           | 2) Report Format:                                                                                                           |                |
| Legal Cost                                                          | S\$          |                                         | To the second                                 | 3) Survey fee:                                                                                                              |                |
| Total:                                                              | SS           | Global Sum S\$:                         |                                               |                                                                                                                             |                |
| FINAL PAYMENT                                                       | Date/Time:   | Confirm with:                           |                                               | Email Call                                                                                                                  |                |
| Payee 1:                                                            | S\$          | Name 1:                                 |                                               |                                                                                                                             |                |

S\$

S\$

Name 2:

Name 3:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

| (08/11/13) wef REF:                            | 201                                                                 |
|------------------------------------------------|---------------------------------------------------------------------|
| ASS. REC. BY: Marcus                           | A(G)                                                                |
| ASS                                            | SIGNMENT                                                            |
| From: Date:                                    | Veh No: GBD 4470 E Yr Regn: 10/14                                   |
| Estimated Cost:                                | Type: M.Car / M.Cycle / Buy Van / Lorry / Taxi / Prime Mover /      |
| OD / TP/ WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or                                                  |
| To Inspect Vehicle No: ABD 44706               | Make: FIAT Doby, corp c.c 1598                                      |
| at Workshop m/s /in's 40                       | Colour A/C: Insured / Std / NI / NA                                 |
| of                                             | Sp.Reading 6 16/3 T/Radio: Insured / Std / NI / NA                  |
| Insured: 571/9970R                             | Eng/No:                                                             |
| Policy No.                                     | C/No: 27A 2630000 ·6167570                                          |
| Claims No.                                     | Gen. Cond: Good / Fair / Poor / Burnt                               |
| Sum Insured: Excess:                           | Steering: Inother Jammed / Leaked / Burnt or                        |
| (Client's Record)                              | Brake: Inorder / Jammed / Leaked / Burnt or                         |
| Make of Veh:                                   | Modi : (Nil )S/Rim / STD A/Rim or                                   |
|                                                | Tyre Size: F: /95/602/6                                             |
| (Policy Condition)                             | R: 73/8076                                                          |
| 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 Triendle                                               |
| Bal. or Market Value:                          | Front Rear                                                          |
| IDAC Accident Rport: Consistent? : Yes or No   | R/Ral 0                                                             |
| AA / PR Seen: Consistent? : Yes or No          | L/Bal G mm L/Bal 6                                                  |
| Est. Repairs: days Res.: Yes or No             | D.O.A. 11/7/16 D.O.I. 16/7/16                                       |
| Lum Sum: % 3 Val.: Yes or No )                 | Survey held at                                                      |
| 1196N                                          | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or         |
| CA / REV / REP. / 24 HRS  Vehicle: IN / OUT    |                                                                     |
| Date: Person Contacted:                        | The U/C / Chassis frame / Body Structure affected due to collision. |
| Date / Time Action / Instruction               |                                                                     |
| 47A 3 2660 Deg PED 69                          | 15. 3 M. nort 19342                                                 |
|                                                |                                                                     |
|                                                |                                                                     |
|                                                |                                                                     |
|                                                |                                                                     |
|                                                |                                                                     |
| i                                              |                                                                     |
|                                                |                                                                     |
| Date/Time, File Pass to? : Preli. Report       | Days Of Repair:                                                     |
| 1) : Final Report                              | Resurvey No. of Trip: Survey Fee:                                   |
| Date/Time, File Return to?                     | Transportation:                                                     |
| Add Fee                                        | : Site Insp (\$)s+Rs,si                                             |
|                                                | : Interview (\$ ) Photos                                            |
| Report Format :                                | : Tech. Invs (\$ ) Others                                           |
| Lump Sum / I.B.I: (\$                          | :Weekend (\$                                                        |
|                                                | TOTAL                                                               |

### > Back to OneMotoring

| Enquire PARF/COE | Rebate for | Registered | Vehicle |
|------------------|------------|------------|---------|
|------------------|------------|------------|---------|

| Vehicl | e Owner | <b>Particulars</b> |
|--------|---------|--------------------|
|--------|---------|--------------------|

Owner ID Type:

Company

Owner ID:

1196N

Vehicle Details

**GBD4470E** 

Vehicle No.: Vehicle to be Exported:

No

Intended De-registration

14 Jul 2018

Date:

Vehicle Make:

FIAT

Vehicle Model:

DOBLO CARGO SX JTD 1.6

MJ

Primary Colour:

White

Manufacturing Year:

2013

Engine No.:

198A30006992755

Chassis No.:

ZFA26300006107510

Maximum Power Output:

Open Market Value: Original Registration Date:

\$20,062.00

First Registration Date:

28 Oct 2014

Transfer Count:

28 Oct 2014

Actual ARF Paid:

\$1,004.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date: PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

27 Oct 2024

COE Category:

1

C - Goods Vehicle & Bus

COE Period(Years):

QP Paid:

\$52,010.00

COE Rebate Amount:

\$32,688.00

Total Rebate Amount:

\$32,688.00

The information contained herein is correct as at 14 Jul 2018

OK

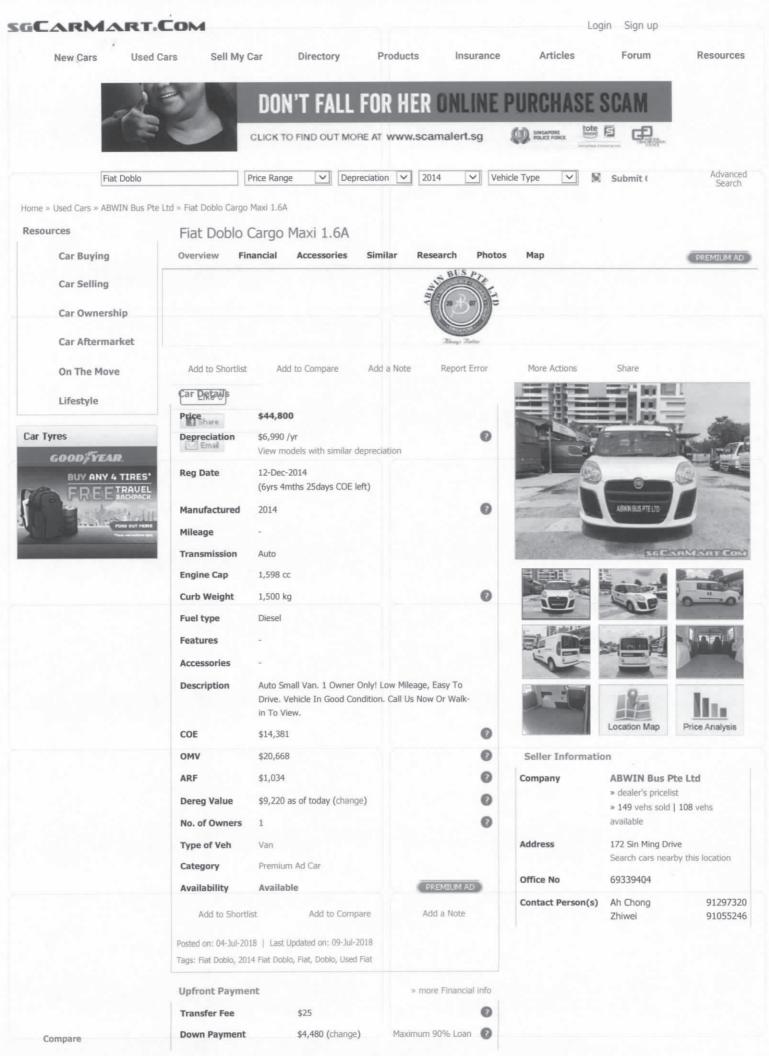
## > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

| Vehicle Owner Particulars                       |                           |
|-------------------------------------------------|---------------------------|
| Owner ID Type:                                  | Company                   |
| Owner ID:                                       | 1196N                     |
| Vehicle Details                                 |                           |
| Vehicle No.:                                    | GBD4470E                  |
| Vehicle to be Exported:                         | No                        |
| Intended De-registration Date:                  | 16 Jul 2018               |
| Vehicle Make:                                   | FIAT                      |
| Vehicle Model:                                  | DOBLO CARGO SX JTD 1.6 MJ |
| Primary Colour:                                 | White                     |
| Manufacturing Year:                             | 2013                      |
| Engine No.:                                     | 198A30006992755           |
| Chassis No.:                                    | ZFA26300006107510         |
| Maximum Power Output:                           | -                         |
| Open Market Value:                              | \$20,062.00               |
| Original Registration Date:                     | 28 Oct 2014               |
| First Registration Date:                        | 28 Oct 2014               |
| Transfer Count:                                 | 1                         |
| Actual ARF Paid: Intended PARF Rebate Details   | \$1,004.00                |
| PARF Eligibility:                               | No                        |
| PARF Eligibility Expiry Date:                   |                           |
| PARF Rebate Amount: Intended COE Rebate Details | \$0.00                    |
| COE Expiry Date:                                | 27 Oct 2024               |
| COE Category:                                   | C - Goods Vehicle & Bus   |
| COE Period(Years):                              | 10                        |
| QP Paid:                                        | \$52,010.00               |
| COE Rebate Amount:                              | \$32,660.00               |
| Total Rebate Amount:                            | \$32,660.00               |

The information contained herein is correct as at 16 Jul 2018

OK



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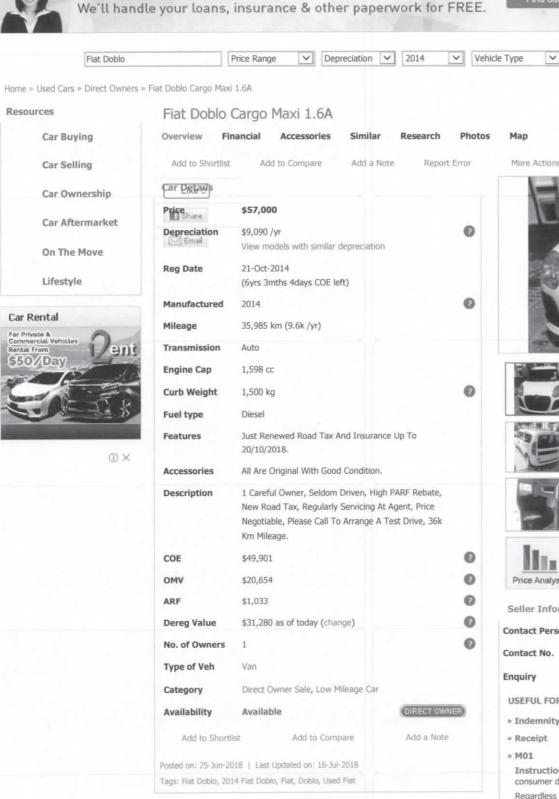
Advanced

DIRECT OWNER



# CONNECTING CAR BUYERS & SELLERS.





















100% FREE **PAPERWORK** SUPPORT FOR BOTH BUYER





Seller Information

Contact Person(s) Mr Palani Contact No. 82338242

Contact Seller Enquiry

**USEFUL FORMS** 

» Indemnity form

» Sales agreement

» Receipt

» Hand-over form

» more Financial info

Maximum 90% Loan

0

Instructions on how to complete a seller to endconsumer deal

Regardless of buying or selling, we'll handle your paperwork, loans & insurance for FREE.



#### **Useful Services**



Afraid of lemons? Request to have this car evaluated professionally.

Vehicle Evaluation

**Total Upfront Payment** 

**Upfront Payment** Transfer Fee

**Down Payment** 

1st Instalment

Compare

\$25

\$5,700 (change)

Estimates based on 90% loan at 3.4% interest rate. Check with seller for exact figure.

\$6,554 (excluding insurance)