15/5/2010 INS. CASE OWNER		CC 6/ BR/ 180 1	3092,	01 -1715	KK: AC:	
Surveyor:	XhA	DOI: ASSIGNM	ENT \&	Date / Time :	18/03/2018	
				Registered in Merimen		
Pre-assign / CCU	68C	2536T				
Insured Vehicle No	). :		Claim No.	:		
Name of Insured	:		Policy No.	:		
Insured Tel No.	;	HP:	Make / Model	:		
Excess Sec II :S\$		D.O.A: 13/07/2018	Place of Accide	ent :		
Is driver the owner	? ( YES / NO )	Nature of Accident :				
If NO, Driver Nan	me / Age :		OI GIA REPOI	RT: YES / NO ; TP GL	A REPORT: YES / NO	
Driver Tel	No.:	(V/L: YES / NO)	Insured Liabilit		nal? Yes/No	
6BC X3	67 - MX	4292m	GBF 38	73 Y>		
INSRS: WSP: Tel: Liability: RMKS:  Date/ Time	INSRS WSP: Tel: Liabilit RMKS	Indea 1	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP; Tel: Liability: RMKS:	
Date Time	GX42924 7.		- 2	STAGE	DATE / DV	~
	200	MW28180126814 :	81451:400	Non-Reporting ltr (1st):	DATE / PIO	-
	68678367 3			Non-Reporting ltr (2nd):		
				Non-Reporting ltr (Final Notification ltr (if non-pi		
				Call OI:	47	20
				After call ltr to OI:		
				Notification ltr (if non-pi		t
				After call ltr to OI:	ickup)	
				Authorisation To Act:		
				Release Voucher:		
				Final Repair Bill:		
				Car Rental Invoice: Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
				PIR:		
				Mandate/Reject Instruc	ction:	
				LOD		
DDEL HANDLADY ADVICE	D-1-/F:	0.10.1		Payment Breakdown F	orm:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos: Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (	days) Reduction:	%		nail Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
Final Liability:	% (Agreed /	Assessed) BOLA S/N No.;		If NO or B 28, Ass. Li	a:	
Repair Cost:	S\$					
Loss of Rental (LOR):	S\$ (	days)				
Loss of Use (LOU): Loss of Income (LOI):	S\$ (\$ x S\$ (\$ x	days)				
LOR only LOU only		OR + LOI [Tick only one]				
GIA/LTA Search	S\$	[ reading one]				
Medical:	S\$			1) Claim status: Norma	al/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent )		2) Report Format:	b.	
Legal Cost	S\$	Clobal Cum Co.		3) Survey fee:	(40)	
Total: FINAL PAYMENT	S\$ Date/Time:	Global Sum S\$: Confirm with:		Email Call	1.	-
	S\$	Name 1:		Emant Cant		
Payee 1: Payee 2: (Strike if N.A.)	S\$	Name 1:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				

Garregor	Yal. REF:	7201			C41306	
~	/	ASS	IGNMENT		M Yr Regn: 06 Man	2019
From:	Date:	810CFUP	Veh No:	GX GR92	MyrRegn: 06 Man	121
Estimated Cost:			Type: M.Car / M.C	ycle / Bus / Van/	Lorry / Taxi / Prime Mover /	,
OD ITP WS ITP	RES / OD RES / EVA / INV / MV		Truck / Tra	iller or		
To Inspect Vehicle	e No: GX 47921	η	Make:	LLA Preo	10 2-7 c.c 260 A/C: Insured / Std / NI / I	55
at Workshop m/s	Indea To	ngineers	Colour (	aveen	A/C: Insured / Std / NI / I	NA
of	No. 39 Detu La	ine 12		329905	T/Radio: Insured / Std / NI /	
Insured:			Eng/No:			
Policy No.			C/No:	KNCTBO	241247151986	5
Claims No.				/ Fair / Poor / Bur		
Sum Insured:	Excess:		Steering: In Green	/ Jammed / Leake	d/Burnt or	
(Client's Record)	)		Brake: Inorder	/ Jammed / Leake	d / Burnt or	
Make of Veh:			Modi: MIT S/R	im / STD A/Rim	or	
			Tyre Size: F	195 F	214	
(Policy Condition	1)		R	:	1	
	had commenced its	N/S O/S	BS / DUN / EXNO	VA / GY / FS / LIZ/	A / MIC / OHTSU / PIR / SUMI /	
repair at	t the time of inspection.		точо / чоко о	or Candle	T	
Bal, or Market Valu	ue:		Front		Rear	
IDAC Accident Rpo	ort: Consistent? : Ye	s or No	R/Bal.	mm	R/Bal. 6	nm
GIA / PR Seen:	Consistent? : Yes	s or No	L/Bal. 6	mm	L/Bal. 6	mm
Est. Repairs:	days Res.: Yes	or No	D.O.A.		D.O.I. 19-07-1	8
Lum Sum:	% 3 Val.: Yes	or No	Survey held at	4	1/5 50	m
CA / REV / R	REP. / 24 HRS		Des. of Damages	Frt Real / O/S	/ N/S / U/C / Rooftop or	
Date:	Person Contacted:	Vehicle: IN / OUT				
	Action / Instruction		The U/C / Ch	assis frame / Boo	dy Structure affected due to collis	ion.
Date / Time	Action / Instruction			•		
Date/Time, File Pass to	: Preli. Report		Days Of Repair:			
1)	: Final Report		Resurvey No. of	Trip:	Survey Fee:	
Date/Time, File Return	to?	AddE		/e	Transportation:	
2)		Add Fee	Account of the last of the las	(\$	)S + RSSI	
n			: Interview		) Photos	
Report Format			: Tech. Inv		) Others	
Lump Sum / I.E	5.1: (3	)	: Weekend	(2)	)	
					TOTAL	

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	4130G
Vehicle Details	
Vehicle No.:	GX4292M
Vehicle to be Exported:	No
Intended De-registration Date:	20 Jul 2018
Vehicle Make:	KIA
Vehicle Model:	PREGIO 2.7 M
Primary Colour:	Beige
Manufacturing Year:	2004
Engine No.:	J2371154
Chassis No.:	KNCTB241247151986
Maximum Power Output:	-
Open Market Value:	\$14,455.00
Original Registration Date:	06 May 2004
First Registration Date:	06 May 2004
Transfer Count:	1
Actual ARF Paid:	\$723.00
ntended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	•
PARF Rebate Amount:	\$0.00
ntended COE Rebate Details	THE PARTY OF THE P
COE Expiry Date:	05 May 2019
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
QP Paid:	\$24,707.00
OE Rebate Amount:	\$3,909.00
otal Rebate Amount:	\$3,909.00
lease note that all future COF renewals for	or this vehicle can only be for a 5-year period, subject to

The information contained herein is correct as at 20 Jul 2018

OK