INS, CASE OWNE	RA RA	cc4 / AXA 18	131 55,	Awa3	DAC:			
Surveyor:	A Block	DOI: ASSIG	GNMENT 1 7 18	Date / Time :	19/1/2018			
				Registered in Merime	en: 17719	<u></u>		
Pre-assign / CC	CHO 3	167		004	24112			
Insured Vehicle	No. :	Λ.	Claim No.	:	1 400	GN		
Name of Insured	: TRANS-CAB !	PRVILES PIL	Policy No.	: P16	80520	No		
Insured Tel No.		LID:	12 St 54 - 11 - 12 - 12 - 12 - 12 - 12 - 12 - 1					
Excess Sec II :S:	1	D.O.A: 16 X 18	Make / Model					
			Place of Accid	ent:				
Is driver the own		Nature of Accident :						
If NO, Driver Name / Age:			OI GIA REPO	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO				
Driver Te	:l No. :	(V/L: YES / NO)	Insured Liabili	ty: % F	Final? Yes/No			
5178931	<u></u>				>			
INSRS:	INSRS:		INSRS:		INSRS:			
WSP: Ny (v	WSP:		WSP:		WSP:			
Liability:	Liability	: 12_1	Tel : Liability :	H H	Tel : Liability :			
RMKS:	RMKS:		RMKS:		RMKS:			
Date/ Time					110000000000000000000000000000000000000			
	017 000 T V			STAGE	DATE / PIC	,		
	205 8d 20 1- x	1		Non-Reporting ltr (1st)				
	940 3167 -a4	M60900907319	Don; both. 46/4/10	Non-Reporting ltr (2nd				
		(4		Non-Reporting ltr (Fina Notification ltr (if non-				
				Call OI:	,			
				After call ltr to OI:				
				Documentation Check	The second secon			
				Notification ltr (if non-	pickup)			
				After call ltr to OI: Authorisation To Act:		_		
				Release Voucher:		-		
				Final Repair Bill:				
				Car Rental Invoice:				
				Towing Invoice				
	Tall			LTA/GIA:				
				Medical Bill: PIR:				
				Mandate/Reject Instr	uction:			
				LOD	detion.			
				Payment Breakdown	Form:			
RELIMINARY ADVICE	E Date/Time:	Sent By:		Post-Repair Photos:				
				Others:				
INALIZATION	Date/Time:	Confirm with:	A./	Confirm by:				
epair Cost: INAL SETTLEMENT	S\$ (Date/Time:	days) Reduction:	%	The second secon	mail Call			
inal Liability:		Confirm with Assessed) BOLA S/N No. :		Email Call If NO or B 28, Ass. I	ia ·			
epair Cost:	S\$	LUCIONAL DOLLA DIN NO.		11 110 01 D 20, MSS. I				
oss of Rental (LOR):	S\$ (days)						
oss of Use (LOU):	S\$ (\$ x	days)						
oss of Income (LOI):	S\$ (\$ x	days)						
OR only LOU onl	y LOR + LOU LO	R + LOI [Tick only	onej					
Medical:	S\$	+		1) Claim status: Norm	nal/Reject/Private Settle			
Disbursement:	S\$	(e.g. Tow/ Indepen	ndent)	2) Report Format:	- I The Source			
egal Cost	S\$			3) Survey fee:	- E			
otal:		Global Sum SS:						
TINAL PAYMENT		Confirm with:		Email Call				
ayee 1:		Name 1:		Fam.				
ayee 2: (Strike if N.A.)		Name 2:						
ayee 3: (Strike if N.A.)	S\$	Name 3:						

ASSIGNMENT

From: Date:	Veh No: 82289307. Yr Regn: 2018 My.				
Estimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /				
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or				
To Inspect Vehicle No:	Make: Harda Shittle - Hybrid c.c 1486. Colour Silves A/C: Insured/Std/NI/NA				
at Workshop m/s	Colour Si Ves A/C: Insured / Std / NI / NA				
of	Sp.Reading 25813. T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No:				
Policy No.	C/No: 6P71207469.				
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt				
Sum Insured: Excess:	Steering: morder Jammed / Leaked / Burnt or				
(Client's Record)	Brake: morder Jammed / Leaked / Burnt or				
Make of Veh:	Modi: Nil (S/Rim)/ STD A/Rim or				
	Tyre Size: F: 185/60R15				
(Policy Condition)	R: 185/60RIS.				
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 / TOKO or				
Bal. or Market Value: 77 K.	Front Rear				
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm				
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 96 mm				
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 19/07/18				
Lum Sum: % 3 Val.: Yes or No	Survey held at MG Solution.				
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or				
Vehicle: IN / OUT					
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time Action / Instruction TP AXA.	•				
mv. 77K					
MV: 77K PV: 34.6K Nett: 42.4K.					
Nett : 42.41C.					
Date/Time, File Pass to? : Preli. Report	Days Of Repair:				
: Final Report	Resurvey No. of Trip: Survey Fee:				
Date/Time, File Return to?	Transportation:				
2) Add Fee					
	: Interview (\$) Photos				
Report Format :	: Tech. Invs (\$) Others				
Lump Sum / I.B.I: (\$: Weekend (\$				
	TOTAL				

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business	
Owner ID:	8129K	
Vehicle Details	0127K	
Vehicle No.:	SLZ8930J	
Vehicle to be Exported:	Yes	
Intended De-registration Date:	19 Jul 2018	
Vehicle Make:	HONDA	
Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO	
Primary Colour:	Silver	
Manufacturing Year:	2018	
Engine No.:	LEB6549194	
Chassis No.:	GP71207469	
Maximum Power Output:	101.0 kW (135 bhp)	
Open Market Value:	\$20,531.00	
Original Registration Date:	22 May 2018	
First Registration Date:	22 May 2018	
Transfer Count:	0	
Actual ARF Paid:	\$5,000.00	
Intended PARF Repate Details	45,000.00	
PARF Eligibility:	Yes	-
PARF Eligibility Expiry Date:	21 May 2028	
PARF Rebate Amount:	\$3,750.00	
Intended COE Rebate Details	and the first control in the first state of the fir	S. car Bar
COE Expiry Date:	21 May 2028	
COE Category:	E - Open - all except motorcycle	
COE Period(Years):	10	
QP Paid:	\$38,600.00	
COE Rebate Amount:	\$30,800.00	
Total Rebate Amount:	\$34,550.00	

The information contained herein is correct as at 19 Jul 2018

