5/5/2010		
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CCY / AXA 180 13239 , Aua3

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TNS	CA	CE	OIL	MED

Surveyor:

	Dans	Na	1
	NV	m	M

DOI:

Date / Time :

Pre-assign / CCU / FTE

Insured Vehicle No.

Insured Tel No.

SHE SISTER CAB SEPULES PL Name of Insured

(1200-00 Excess Sec II :S\$ (YES / 100) Is driver the owner?

Nature of Accident

(0474120) Claim No.

Registered in Merimen:

P1680120 Policy No. Make / Model

Place of Accident

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Final? Yes/No

86622326





INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



%

INSRS: WSP: Tel: Liability: RMKS:

Date/ Time				
	0-1-2221		STAGE	DATE / PIC
	8CP 1251- X	1	Non-Reporting ltr (1st):	
	CALCARD COLO	7.18010056 Cha3:01A:31/1/18	Non-Reporting ltr (2nd):	
	8400139 K. CC? IC	-1118/10/20 CAMP 'AIH : 21/7/2	Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List: Hand	ller Typist
			Notification ltr (if non-pickup)	
			After call ltr to OI:	
			Authorisation To Act:	1
			Release Voucher:	25
			Final Repair Bill:	
			Car Rental Invoice:	
			Towing Invoice	
			LTA / GIA :	
	*		Medical Bill:	
			PIR:	
			Mandate/Reject Instruction:	
			LOD	
			Payment Breakdown Form:	
RELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	
CLILITATION TO TACK	Date Time.	Sent Dy.	Others:	
NALIZATION	Date/Time:	Confirm with:	Confirm by:	
epair Cost:	S\$ (days) Reduction: %		Call Call
NAL SETTLEMENT		Confirm with		zaii
		Assessed) BOLA S/N No. :		
nal Liability:	S\$	Assessed) BOLA 5/N No. :	If NO or B 28, Ass. Lia:	
epair Cost:	S\$ (daria)		
oss of Rental (LOR):		days)		
oss of Use (LOU):		days)		
oss of Income (LOI):		days)		
OR only LOU only		R + LOI [Tick only one]		
IA/LTA Search	S\$			
edical:	S\$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1) Claim status: Normal/Reject/Pr	ivate Settle
sbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:	
gal Cost	S\$	01.1.1000	3) Survey fee:	
otal:		Global Sum S\$:		
INAL PAYMENT	Date/Time:	Confirm with:	Email Call	
ayee 1:	S\$	Name 1:		
ayee 2: (Strike if N.A.)	S\$	Name 2:		
ayee 3: (Strike if N.A.)	S\$	Name 3:		

ASSIGNMENT

From: Date:	Veh No: SCG 2232 L Yr Regn: 2018 / JME.
Estimated Cost:	Type: M.Ca / 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: Horder Shouttle c.c 1496. Colour silver. A/C: Insured/Std/NI/NA
at Workshop m/s	
of	Sp.Reading 2508. T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: G K81202461 *
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingreer / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rip or
	Tyre Size: F: 185/60R15 R: 185/60R15
(Policy Condition)	R: 185/60R15
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
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 66 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 96 mm L/Bal. 96, mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 20/07/18.
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
CA / REV / REP. / 24 HRS Vehicle: IN / OU	T CI
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	•
TP AXA.	
mv . 96/c	
PV:37K	
Nett:	
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 Fe	ee: : Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$:Weekend (\$
	TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9709B
Vehicle Details	
Vehicle No.:	SCG2232L
Vehicle to be Exported:	Yes
Intended De-registration Date:	23 Jul 2018
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE 1.5G CVT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	L15B5462835
Chassis No.:	GK81202461
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$18,097.00
Original Registration Date:	11 Jun 2018
First Registration Date:	11 Jun 2018
Transfer Count:	0
Actual ARF Paid:	\$8,097.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Jun 2028
PARF Rebate Amount:	\$6,072.00
Intended COE Rebate Details	
COE Expiry Date:	10 Jun 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$38,600.00
COE Rebate Amount:	\$30,880.00
Total Rebate Amount:	\$36,952.00

The information contained herein is correct as at 23 Jul 2018

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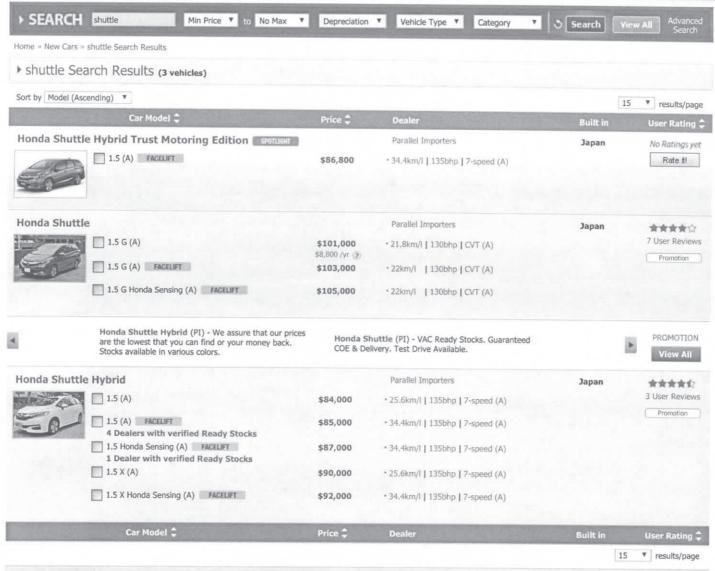
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Honda Fit Shuttle Hybrid (2011-2013)

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