	-1				1 2 4
INS. CASE OWNE	Whento	CC 9, ASM18	0 13472,	Thas LKK	( 7 5 1 1
INS. CASE OWN	1.0411	ASSI	GNMENT		1
Surveyor:	MMA		20/2/18	Date / Time :	73 /2/2018
Surveyor.			10/11/	Registered in Merimen:	.0111.00
Pre-assign / CC	U / FTE			Registered in Merimen.	
	av	1 20341		Sim	notte a
Insured Vehicle		1 00/10	Claim No.	\mathematical \m	20110
Name of Insured	um Ye	on sung	Policy No.	· VPPY	2019332
Insured Tel No.	:	HP:	Make / Mode	7.W	4514
Excess Sec II :S	-	D.O.A: 13 7 2118	Place of Acci	Can -	016
Is driver the own		Nature of Accident :	Trace of Acci	dent.	BIPC
	11820	Wel Lee		^	
If NO, Driver N	- /	····		ORT: (E) / NO ; TP GIA	V
Driver Te	1 No.: 1 64	Wys (V/L: YES/NO)	Insured Liabi	lity: % Fina	al? Yes/No
25696	<u>η</u> — → _				
INSRS:	INSI	41 11	INSRS:		INSRS:
WSP: WSP:	MAN WSP	24 /2	WSP:		WSP:
Liability:	Ara Tel:	ility:	Tel: Liability:	H H	Tel: Liability:
RMKS:	RMK	1/4 -4/3	RMKS:	(V=9)	RMKS:
Date/ Time					TOTALO.
Date: Time	M CILLAR N	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		STAGE	DATE / DIC
	200pprp x	: 8m 803/4	LX	Non-Reporting ltr (1st):	DATE / PIC
				Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final): Notification ltr (if non-pic	town\:
				Call OI:	cup):
				After call ltr to OI:	
				Documentation Check L	ist: Handler Typist
				Notification ltr (if non-picl	kup)
				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 Instruct	ion:
				LOD	
				Payment Breakdown For	rm:
RELIMINARY ADVIC	E Date/Time:	Sent By:	~ (vous).	Post-Repair Photos:	
***********	D . m:	d\	~ (000).	Others:	
INALIZATION	Date/Time:	Confirm with:	6/	Confirm by:	
epair Cost: INAL SETTLEMENT	S\$ ( Date/Time:	days) Reduction: Confirm with	%	Ema	il Call
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inal Liability: epair Cost:	% (Agree	d / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia	
oss of Rental (LOR):	S\$ (	days)			
oss of Use (LOU):	The state of the s	x days)			
oss of Income (LOI):	Turk Uk	x days)			
OR only LOU onl		LOR + LOI [Tick only	one]		
GIA/LTA Search	S\$				
Medical:	S\$			1) Claim status: Normal	/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent	ndent)	2) Report Format:	,
egal Cost	S\$	01-1-10 00		3) Survey fee:	χ.
otal:	S\$ Data/Time:	Global Sum S\$: Confirm with:		EII C. II	1
TNAL PAYMENT	Date/Time:			Email Call	
ayee 1:	S\$	Name 1:			
ayee 2: (Strike if N.A.)	S\$	Name 2:	V.		
Payee 3: (Strike if N.A.)	S\$	Name 3:			

ASS. REC. BY: REF: AX A	
	GNMENT
From: Date: 37 2018 Estimated Cost:	Veh No: SLC 6626 Yr Regn: 2016   Mori   Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD THE WS THE RES OD RES / EVA / INV / MV	Truck/Trailer or May 200 2 CC 1491
To Inspect Vehicle No:	Manc 1
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading CO28( T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: MM6DL2SAAGWL90866
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inordef / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / 6/B/m / STD A/Rim or
	Tyre Size: F: 85/65/615
(Policy Condition)	R: 4 4.
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 (2) Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. mm L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 25  7  18
Lum Sum: % 3 Val.: Yes or No	Survey held at Lee Knan Alwe Sa Market
CA / REV / REP. / 24 HRS W) Vehicle: IN / OUT	Des. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	•
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
- Final Banart	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

	Enquir	e Tran	sfer	Fee
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Vehicle Details	SLC662G		
Vehicle No.:	P10 - Passenger Motor Car		
Vehicle Type:	No Attachment		
Vehicle Attachment 1:			
Vehicle Scheme :	Normal		
Vehicle Make:	MAZDA MAZDA2 SEDAN 1.5L SP.6EAT		
Vehicle Model:	MM6DL2SAAGW190866		
Chassis No.:			
Propellant:	Petrol		
Engine No.:	P520346518		
Engine Capacity:	1496 cc		
Maximum Power Output:	85.0 kW (113 bhp)		
Maximum Laden Weight :	1538 kg		
Unladen Weight:	1079 kg		
Year Of Manufacture :	2016		
Original Registration Date:	29 Apr 2016		
Lifespan Expiry Date:	•		
COE Category:	E - Open Category		
Quota Premium:	\$47,510.00		
COE Expiry Date :	28 Apr 2026		
Road Tax Expiry Date:	28 Oct 2018		
PARF Eligibility Expiry Date:	28 Apr 2026		
Inspection Due Date:	28 Apr 2019		
Intended Transfer Date:	23 Jul 2018		
	121.00 (g/km)		
CO2 Emission: CEV/VES Rebate Utilised	\$5,000.00		
Amount:			
CO Emission:			
HC Emission:	•		
NOx Emission:	posed if road tax / lay up has expired. Please use Enqu ment (if any), of a vehicle will follow the vehicle to the	ire Road Tax Payable for fee(s) paya	ble.
PM Emission:	posed if road tax / lay up has expired. Please use Enqu ment (if any), of a vehicle will follow the vehicle to the	new registered owner when its own	ership is being transferred.
Late renewal fee(s) will be imp	ment (if any), of a vehicle will follow the vehicle to the	TION 1-8	Amount After GST
Road tax, including Over Payl	History Co Co. Co.	GST Amount	Amount After GS1 (S\$)
Amount Payable	Amount Before GST (S\$)	(5\$)	25.00

Road tax, including Over Payment (If Amount Payable	Amount Before GST	GST Amount (\$\$)	Amount After GST (S\$)
Amount	(5\$)	(5\$)	25.00
	25.00	-	25.00
Transfer Fee :			

Total Amount Payable:

You may print this page for reference.

ОК

Print