15/5/2010		CC 6, A16 180	13481,	ANTA'S IDAC:	
INS. CASE OWNER			A TENTE	DAC.	A
Surveyor:	AOMAN	DOI:	23/1/8	Date / Time :	1818
Pre-assign / CCU	/FTE OAO	nour N		Registered in Merimen:	(NAI X 1/8)
	2,77	8815A			
Insured Vehicle No). :	- 0	Claim No.	1	
Name of Insured	1		Policy No.	:	
Insured Tel No.	:	HP:	Make / Mode	1 :	
Excess Sec II :S\$		D.O.A: 18718	Place of Acc	ident :	
Is driver the owner	? (YES / NO)	Nature of Accident :			
If NO, Driver Nar			OLGIA DED	OPT. VEC / NO . TD CIA DED	ODT. VEG /NO
Driver Tel		(V/L; YES / NO)	Insured Liab	ORT: YES / NO; TP GIA REP lity: % Final?	
GBL 752	%Y				
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabilit RMKS	y:	INSRS: WSP: Tel: Liability: RMKS:	WS Tel Lia	
Date/ Time					
	Goldson,)	Ci SUD 8818 A-	*	STAGE Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final):	DATE / PIC
				Notification ltr (if non-pickup):	
				Call OI:	
				After call ltr to OI: Documentation Check List:	Handler Typist
				Notification ltr (if non-pickup)	Trandier Typist
		No.		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: Confirm with	%	Email _	Call
FINAL SETTLEMENT Final Liability:	Date/Time: (Agreed	/ Assessed) BOLA S/N No. :		Email Call If NO or B 28, Ass. Lia:	
Repair Cost:	S\$	and the state of t		IL 110 OLD 20, Flos. Life.	
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ (\$ x	days)			
Loss of Income (LOI):	S\$ (\$ x		a1		
LOR only LOU only	LOR + LOU L	OR + LOI [Tick only on	ej		
GIA/LTA Search Medical:	S\$	E		1) Claim status: Normal/Rej	ect/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independe	ent)	2) Report Format:	
Legal Cost	S\$	New Action Control		3) Survey fee:	9
Total:	S\$	Global Sum S\$:		Parail Call	
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1:	S\$ S\$	Name 1: Name 2:			
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	S\$	Name 2: Name 3:	3		
r ayee 5. (Suike II IV.M.)	1508	and a			

ASSIGNMENT |

From:	Date:		615625264.	Yr Regn: 1811 / Sep 1.
Estimated Cost:		Type: M.Car / M.	Cycle / Bus Van Lor	ry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / E	VA / INV / MV	Truck / Tr	ailer or	
To Inspect Vehicle No:		Make:	Vissan Urvan	c.c 2953
at Workshop m/s		Colour	Grey.	A/C: Insured / Std / NI / NA
of		Sp.Reading	170551	T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:		
Policy No.		C/No:	JNIM GAEZ	52079.6622
Claims No.		Gen. Cond: 600	♂/ Fair / Poor / Burnt	
Sum Insured:	Excess:	Steering: Inorda	r / Jammed / Leaked / I	Burnt or
(Client's Record)	1	Brake: Infode	r / Jammed / Leaked / I	Burnt or
Make of Veh:		Modi : (Nii) / S/	Rim / STD A/Rim or	
		Tyre Size:	F: 195R	
(Policy Condition)			R: 135 F1	56
Remark: The veh had commenced i	its N/S O/S	BS / DUN / EXN		MIC / OHTSU / PIR / SUMI /
repair at the time of inspe	ction.	тоуо / уоко	or Ma	LXIS
Bal, or Market Value:		Front		Rear
IDAC Accident Rport: Co	nsistent? : Yes or No	R/Bal. 06	mm	R/Bal. ph
GIA / PR Seen: Co	nsistent?: Yes or No	L/Bal. 06	mm	L/Bal. 06 mm
Est. Repairs: days	Res.: Yes or No	D.O.A.		D.O.I. 23/07/18.
Lum Sum: %	3 Val.: Yes or No	Survey held at	M6 S	olution.
CA / REV / REP. / 24 HRS		Des. of Damages	s: Frt / Rear / O/S	N/S / U/C / Rooftop or
-14	Vehicle: IN / OUT		CI	
Date: Person Conta		The U/C / C	hassis frame / Body	Structure affected due to collision.
Date / Time Action / Instruction			•	
(1, 1/1)	я,			
MV : 251C				
MV: 251C PV: 10.2K	•			
Ney: 14.81C				
Date/Time, File Pass to? : Pre	li. Report	Days Of Repair	r:	
1) : Fina	al Report F	Resurvey No. o	of Trip:	Survey Fee:
Date/Time, File Return to?				Transportation:
2)	Add Fee:	personal division of the same)S+RSSI
	- *	: Interviev) Photos
Report Format :		: Tech. In) Others
Lump Sum / LB.J: (\$)	: Weeken	d (\$	
				TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

chicle Owner Particulars			
wner ID Type:	Company		
wner ID:	3671C		
ehicle No.:			
	GBC2526Y		
ehicle to be Exported:	Yes		
tended De-registration Date:	23 Jul 2018		
ehicle Make:	NISSAN		
ehicle Model:	URVAN PANEL LWB 3.0 5DR 4AT ABS A/B 2WD		
rimary Colour:	Silver		
anufacturing Year:	2011		
ngine No.:	ZD30293849K		
hassis No.:	JN1MG4E25Z0796622		
aximum Power Output:	•		
pen Market Value:	\$30,675.00		
riginal Registration Date:	21 Sep 2011		
rst Registration Date:	21 Sep 2011		
ansfer Count:	1		
tual ARF Paid:	\$1,534.00		
tended PARF Repate Details	\$1,504.00		
ARF Eligibility:	No		
RF Eligibility Expiry Date:			
RF Rebate Amount:	\$0.00		
tended COE Rebate Details			
DE Expiry Date:	20 Sep 2021		
DE Category:	C - Goods Vehicle & Bus		
DE Period(Years):	10		
Paid:	\$31,089.00		
DE Rebate Amount:	\$10,226.00		
tal Rebate Amount:	\$10,226.00		

The information contained herein is correct as at 23 Jul 2018

