15/5/2010		cc 4, 621 ₁₈₀	13554,	Aha3	K:
INS. CASE OWN	W.	ASSIGN		Date / Time :	2018/2018
		1	, , ,	Registered in Merimen:	
Pre-assign / CC	U/FTE CC	11234			
Insured Vehicle		11-21	Claim No.		1
Name of Insured					h
	-		Policy No.	:	
Insured Tel No.	4	HP:	Make / Model	Sh	
Excess Sec II :S	S	D.O.A: 151718	Place of Accid	ent:	
Is driver the own	ner? (YES / NO)	Nature of Accident :			
If NO, Driver N	iame / Age :		OI GIA REPO	RT: YES / NO ; TP GIA	REPORT: YES / NO
Driver T	el No. :	(V/L: YES / NO)	Insured Liabili		al? Yes/No
(212)	726				E Commission of the Commission
200					
INSRS: WSP: Tel: Liability: RMKS:	INS. WSI Tel: Liab RMI	oility:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
Date/ Time					
	- ontito	11		STAGE	DATE / PIC
	100 × 1127 /	NATING 180 137 65 2	1 00h. 18 X d	Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	
	300111910		2	Non-Reporting ltr (Final)	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	h A		Notification ltr (if non-pic	:kup):
	& fundry Est &	× YA.		Call OI:	
	1			After call ltr to OI: Documentation Check I	List: Handler Typist
				Notification ltr (if non-pic	
		0		After call ltr to OI:	nap)
				Authorisation To Act:	
				Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	
				Towing Invoice LTA / GIA :	
				Medical Bill:	
				PIR:	
	N. Carlotte			Mandate/Reject Instruct	tion:
				LOD	
				Payment Breakdown Fo	rm:
PRELIMINARY ADVIC	E Date/Time:	Sent By:		Post-Repair Photos:	
ETNI I IZITTON	D . FD'			Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost: FINAL SETTLEMENT	S\$ (Date/Time:	days) Reduction: Confirm with	%	Ema	ail Call
Final Liability:		ed / Assessed) BOLA S/N No. :		Email Call If NO or B 28, Ass. Lia	,
Repair Cost:	S\$	The state of the s		II INO OI D 20, ASS. LIB	*:
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	C2000	x days)			
Loss of Income (LOI):		x days)			
OR only LOU on		LOR + LOI [Tick only on	e]		
GIA/LTA Search	S\$			1) (1-1	I/D-i+/D-i
Medical:	S\$ S\$	(a a Tarril Indon-1	nt \	1) Claim status: Normal	/Reject/Private Settle
Disbursement: Legal Cost	S\$ S\$	(e.g. Tow/ Independe	ш.)	Report Format: Survey fee:	9
Total:	SS	Global Sum S\$:		D) Our roy 100.	
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	SS	Name 3:			

ASSI	GN	M	10	N	Г
エルンパノル	A.F.L. 1.	- T -A.		. 1	-

From: Date:	Veh No: SJL7772C . Yr Regn: 2008 / oct
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: Mit Lances c.c 1459 Colour Red. A/C: Insured/Std/NI/NA
at Workshop m/s	Colour Red. A/C: Insured / Std / NI / NA
of	Sp.Reading 121557. T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JMYSRCYZA94000417
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorde? Jammed Leaked Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil STRim / STD A/Rim or
	Tyre Size: F: $205/55R16$.
(Policy Condition)	R: 205/55R16.
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 Cender.
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
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. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 26/07/18
Lum Sum: % 3 Val.: Yes or No	Survey held at United SQ,
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rea / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	C)
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction TP EQ MV: 11K. PV: 8K Neft: 3K.	
Final Panart	Days Of Repair: Resurvey No. of Trip: Survey Fee:
1) Date/Time, File Return to?	Transportation:
2) Add Fee	: Site Insp (\$)s+Rs,si
	: 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:	Business
Owner ID:	
Vehicle Details	8580E
Vehicle No.:	SJL7772C
Vehicle to be Exported:	Yes
Intended De-registration Date:	26 Jul 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	LANCER 1.5 MIVEC GLS 4A/T
Primary Colour:	Red
Manufacturing Year:	2008
Engine No.:	4A910109823
Chassis No.:	JMYSRCY2A9U000417
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$15,463.00
Original Registration Date:	14 Oct 2008
First Registration Date:	14 Oct 2008
Transfer Count:	1
Actual ARF Paid:	\$15,463.00
Intended PARF Rebate Details	HE WINDS TO SELECT THE RESIDENCE OF THE PARTY OF THE PART
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Oct 2018
PARF Rebate Amount:	\$7,731.00
Intended COF Rebate Details	2015年1月2日 1月1日 - 1980年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日
COE Expiry Date:	13 Oct 2018
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$13,801.00
COE Rebate Amount:	\$293.00
Total Rebate Amount:	\$8,024.00

The information contained herein is correct as at 26 Jul 2018