15/5/2010		ccb, Llk 180	14315	DAS LKK:	
INS. CASE OWNER		CC 4 / 180	( 1312 )	DAC:	
	MAM	ASSIGNM	IENT.	68	2011
Surveyor:	400/11/	DOI:	0 118	Date / Time :  Registered in Merimen:	610/2018
Pre-assign / CCU /	FTE	- 00		Registered in Werlinen.	10
Insured Vehicle No	SLRS	0290	Claim No.		
**					
Name of Insured			Policy No.	:	
Insured Tel No.	4	HP:	Make / Model	:	
Excess Sec II :S\$		D.O.A: 4 8 2018	Place of Accide	nt :	
Is driver the owner?	( YES / NO )	Nature of Accident :			
If NO, Driver Nam Driver Tel N		(V/L: YES / NO)	OI GIA REPOR	T: YES / NO ; TP GIA REPO	
Volume	10	(V/L. 1E3/NO)	msured Liability	y. 70 Final: 10	CS / 140
NO fort					
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liabilit RMKS:	y:	INSRS: WSP: Tel: Liability: RMKS:	INSR WSP Tel: Liabi RMK	: ility :
Date/ Time	T.C.TARKET		TOTALO.	Idviid	
Date: Time	V2)-22 >			STAGE	DATE / PIC
	XII DYL	A CTI 18014263/ h4	: DOA. 46/18	Non-Reporting ltr (1st):	DATE/FIC
	2 MC 8 0 MD 7	1 1 1 1		Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final): Notification ltr (if non-pickup):	
				Call OI:	
				After call ltr to OI:	
				Documentation Check List: H	andler Typist
				Notification ltr (if non-pickup)  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	
DDEL DADLI DV. I DAVOD	D - m			Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
FINALIZATION	Date/Time:	Confirm with:		Others:	
Repair Cost:	S\$ (	days) Reduction:	%	Confirm by:	Call
FINAL SETTLEMENT	Date/Time:	Confirm with	70	Email Call	Can
Final Liability:		Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:	
Repair Cost:	S\$			II I TO OF D DO, THUS, DAY,	
Loss of Rental (LOR):	S\$ (	days)			
Loss of Use (LOU):	S\$ (\$ x	days)			
Loss of Income (LOI):	S\$ (\$ x	days)			
LOR only LOU only		OR + LOI [Tick only one]			
GIA/LTA Search Medical:	S\$ S\$			Claim status: Normal/Reject	t/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent	.)	Claim status: Normal/Reject     Report Format:	vi iivate Settle
Legal Cost	S\$	(v.g. 1047 independent		3) Survey fee:	
Total:	SS	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:	- 5		
Pavee 3: (Strike if N A )	SS	Name 3:			

	REF: Oth		
guardor ?	REF: A14		
•		GNMENT	/2
From:	Date: 内087018	Veh No. XD 70 2 Type: M.Car / M.Cycle / Bus / Van	7 (Yr Regn: ()
Estimated Cost:			71.6 hy / Taxi / Prime Mover /
OD (TP) WS / TP RES / OD RES / E		Truck / Trailer or 4	12777
The transfer of the contract o	XD 7002 X	Make: Volvo Colour White	FMX420 00 1211/
at Workshop m/s	1x Auto	Colour While	
of 60 Kaki f	Sukit Aul b	Sp.Reading 447308	T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:	
Policy No.		C/No: YV2JG	1097 DAT 42282
Claims No.		Gen. Cond Good / Fair / Poor / B	
Sum Insured:	Excess:	Steering: In Ger / Jammed / Leal	
(Client's Record)		Brake: Increer / Jammed / Leal	
Make of Veh:		Modi: Nil/1 S/Rim / STD A/Rin	
(Oan	1	Tyre Size: F: 3/6	/fon 22.5
(Policy Condition)		R:	
Remark: The veh had commenced		BS / DUN / EXNOVA / GY / FS / L	
repair at the time of inspe	ction.	TOYO/YOKO or /(/c	yle
Bal. or Market Value:		Front	Rear
IDAC Accident Rport: Co	nsistent?: Yes or No	R/Bal. 6 mm	R/Bal. 6/6 0/6 mm
GIA / PR Seen: Co	nsistent?: Yes or No	L/Bal. 9 mm	L/Bal. 6/6 6/6 mm
Est. Repairs: days	Res.: Yes or No	D.O.A. 4/8/18	D.O.I. 7/8/18
Lum Sum: %	3 Val.: Yes or No	Survey held at	,
CA / REV / REP. / 24 HRS		Des. of Damages : Frt / Rear / 0	D/S / N/S / U/C / Rooftop or
	Vehicle: IN / OUT	Peer	
		The U/C / Chassis frame / I	Body Structure affected due to collision.
Date / Time Action / Instruction		,	
Date/Time, File Pass to? : Pre	li. Report	Days Of Repair:	
) : Fin	al Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?			Transportation:
2)	Add Fee		)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** 

/ehicle Owner Particulars	Company			
Owner ID Type:	Company			
Owner ID:	4117E			
Vehicle Details	XD7022K			
Vehicle No.:				
Vehicle to be Exported:	No			
Intended De-registration Date:	07 Aug 2018			
Vehicle Make:	VOLVO			
Vehicle Model:	FMX420 84RT SC			
Primary Colour:	White			
Manufacturing Year:	2012			
Engine No.:	D13379246			
Chassis No.:	YV2JG10G7DA740282			
Maximum Power Output:	-			
Open Market Value:	\$149,767.00			
Original Registration Date:	10 Apr 2013			
First Registration Date:	10 Apr 2013			
Transfer Count:	0			
Actual ARF Paid:	\$7,489.00			
Intended PARF Rebate Details				
PARF Eligibility:	No			
PARF Eligibility Expiry Date:	-			
PARF Rebate Amount:	\$0.00			
Intended COE Rebate Details				
COE Expiry Date:	09 Apr 2023			
COE Category:	C - Goods Vehicle & Bus			
COE Period(Years):	10			
QP Paid:	\$53,489.00			
COE Rebate Amount:	\$24,991.00			
Total Rebate Amount:	\$24,991.00			

The information contained herein is correct as at 07 Aug 2018  $\,$ 

ОК