

INS. CASE OWNER:

CC 6, QBE 180 14800, Area3

LKK:

IDAC:

Surveyor:

LWP

DOI:

13/8/2018

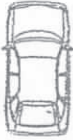
Date / Time:

13/8/2018

Registered in Merimen:

Pre-assign / CCU / FTE

YN8633B



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: :

Make / Model :

Excess Sec II : S\$ D.O.A: 4/8/18

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

472984



INSRS:

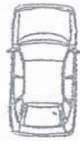
WSP:

Tel :

Liability :

RMKS:

NH1



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

472984-X; YN8633B-X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler 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

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

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:

Payee 3: (Strike if N.A.)

S\$

Name 3:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
 Owner ID: 8291C

Vehicle Details

Vehicle No.: YP2198U
 Vehicle to be Exported: Yes
 Intended De-registration Date: 10 Aug 2018
 Vehicle Make: MITSUBISHI
 Vehicle Model: CANTER FEB21ER4SDEB
 Primary Colour: White
 Manufacturing Year: 2016
 Engine No.: 4P10C07891
 Chassis No.: FEB21EA20356
 Maximum Power Output: -
 Open Market Value: \$34,243.00
 Original Registration Date: 28 Apr 2016
 First Registration Date: 28 Apr 2016
 Transfer Count: 0
 Actual ARF Paid: \$1,713.00

Intended PARF Rebate Details

PARF Eligibility: No
 PARF Eligibility Expiry Date: -
 PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 27 Apr 2026
 COE Category: C - Goods Vehicle & Bus
 COE Period(Years): 10
 PQP Paid: \$18,841.00
 COE Rebate Amount: \$14,533.00
 Total Rebate Amount: \$14,533.00

The information contained herein is correct as at 10 Aug 2018

OK