INS. CASE OWNER:		CC 4/111 180 1	5605, 1	Wa3 LKK:	
	PApri	ASSIGNM		גר	[d.e
Surveyor:	12.18 000	DOI:		Date / Time :	2110
Pre-assign / CCU /	FTE OL II	ZUP		Registered in Merimen:	110/18
Insured Vehicle No.	3110 11	141	Claim No.	:	
Name of Insured			Policy No.		\ ×
Insured Tel No.		HP:	Make / Model		- Na
Excess Sec II :SS		D.O.A: 30 7 2018	Place of Accider		
Is driver the owner	(YES / NO)	Nature of Accident :	Flace of Acciden	II:	
If NO, Driver Nam		Tratate of Accident .	OLCIA DEDOD	T. MEG (NO. TE CV. TET	
Driver Tel N		(V/L: YES / NO)	Insured Liability	T: YES / NO ; TP GIA REP	
SLP 4866	<u>K</u> —→				
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:	WS Tel Lia	
Date/ Time					
	SUP 486 6 R- X			STAGE	DATE / PIC
	01/10/00/00 1/10	1 1 man Marte I had		Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	
	2 Hours & be rester	00 (00 12 Az LW 1 101)	. 2 [1 / 1011	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	
PRELIMINARY ADVICE	Date/Time:	Sent By:	The state of the s	Payment Breakdown Form:	
A ALUZZII ARI II BACK TAU I ACU	Date Inio.	Schi by.		Post-Repair Photos: Others:	
FINALIZATION	Date/Time:	Confirm with:	THE RESERVE OF THE PARTY OF THE	Confirm by:	
Repair Cost:	S\$ (days) Reduction:	%	Email	Call
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	
Final Liability: Repair Cost:	% (Agreed / S\$	Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia:	
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\$			1) Claim status N	not/Duissoto C-11
Disbursement:	S\$	(e.g. Tow/ Independent)		Claim status: Normal/Reje Report Format:	SCUPTIVATE SETTIE
Legal Cost	S\$	7-10 a a maahamant)		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.) Payee 3: (Strike if N.A.)	S\$ S\$	Name 2: Name 3:			
- John Charles II I'm I'm	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	CONTRACTOR OF THE PARTY OF THE	CONTRACT STATE OF STREET	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	Company of the Compan

Surreyor: Pour REF:	7206
	GNMENT
From: Date: Estimated Cost: OD(TP))WS/TP RES/OD RES/EVA/INV/MV To Inspect Vehicle No: SCP 4866A at Workshop m/s of 74 Kram TWA Insured: (1)	Veh No: SLP 4866R Yr Regn: 2017 / Sur Type: M.Cer / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Toyeth 1/05 /- SE c.c L496 Colour GRey A/C: Insured / Std / NI / NA Sp.Reading 53524 T/Radio: Insured / Std / NI / NA Eng/No:
Policy No. Claims No. Sum Insured: Excess: (Client's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.	C/No: MHF BOR F32000 DOY Gen. Cond: Good / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: (95/50616 R: BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / POYO / YOKO or
Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction	POYO / YOKO or Front R/Bal. Mm R/Bal. Mm L/Bal. D.O.A. 3667(8) Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
Date/Time, File Pass to? : Preli. Report	ays Of Repair:
1) : Final Report R Date/Time, File Return to? 2) Add Fee: Report Format : Lump Sum / I.B.I: (\$	Survey Fee: Transportation: Street Transportation: Street Transportation: Street Stree

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	7200G	
Vehicle No.:	SLP4866R	
Vehicle to be Exported:	No	
Intended De-registration Date:	27 Aug 2018	
Vehicle Make:	TOYOTA	
Vehicle Model:	VIOS 1.5E CVT	
Primary Colour:	Grey	
Manufacturing Year:	2017	
Engine No.:	2NRX160036	
Chassis No.:	MHFB29F3202012104	
Maximum Power Output:	79.0 kW (105 bhp)	
Open Market Value:	\$12,785.00	
Original Registration Date:	07 Jun 2017	
First Registration Date:	07 Jun 2017	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$7,785.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	06 Jun 2027	
PARF Rebate Amount: Intended COE Rebate Details	\$5,838.00	
COE Expiry Date:	06 Jun 2027	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$51,600.00	
COE Rebate Amount:	\$45,291.00	
Total Rebate Amount:	\$51,129.00	

The information contained herein is correct as at 27 Aug 2018