15/5/2010 INS. CASE OWNE	er:	CC4/ LUR18	30 16555/	K jas	LKK: DAC:		
Surveyor:	Kem	DOI:	GNMENT WIS	Date / Time :	Mahore	8 .	
Pre-assign / CCI	(U	80584	Claim No.	Registered in Merimo	en: 11/4	0101	
Name of Insured Insured Tel No. Excess Sec II :SS Is driver the owner	-	D.O.A: SIP DE	Policy No.  Make / Model  Place of Accid	-		-	
If NO, Driver No		(V/L: YES / NŐ)		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO Insured Liability: % Final? Yes / No			
Tel: Liability: RMKS:	5 Umjes	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	- Constitution of the Cons	INSRS: WSP: Tel: Liability: RMKS:		
Date/ Time							
	GUP 4368/2.	X; SH 9058Y	)	Non-Reporting ltr (1st) Non-Reporting ltr (2nd Non-Reporting ltr (Fin. Notification ltr (if non- Call OI:	i): al);	PIC	
				After call ltr to OI:			
				Documentation Chec	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	pist	
				Notification ltr (if non- After call ltr to OI: Authorisation To Act:	ріскир)		
				Release Voucher: Final Repair Bill: Car Rental Invoice:			
				Towing Invoice  LTA / GIA :			
				Medical Bill: PIR:			
				Mandate/Reject Instr LOD Payment Breakdown			
PRELIMINARY ADVICE	2 Date/Time:	Sent By:	Alexander and	Post-Repair Photos:			
				Others:			
FINALIZATION  Remain Control	Date/Time:	Confirm with:	2.	Confirm by:			
Repair Cost: FINAL SETTLEMENT	S\$ Date/Time:	( days) Reduction: Confirm with	%	the same of the sa	mail Call		
Final Liability:		greed / Assessed) BOLA S/N No. :		Email Call			
Repair Cost:	S\$	igiced / Assessed) DOLA S/IN INC.		If NO or B 28, Ass. I	.1a :		
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 + LOI [Tick only	one]				
GIA/LTA Search	S\$			15 01 1	100		
Medical: Disbursement:	S\$ S\$	/= - D17-3	undant \		mal/Reject/Private Settl	e	
Legal Cost	S\$	(e.g. Tow/ Indepe	aucht )	Report Format:     Survey fee:		1	
Total:	S\$	Global Sum S\$:		(D) Burvey Icc.			
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:					

ASSIGNMENT From: Date: Estimated Cost: Operation of the control of the cost of	ASS. REC. BY:	A16-1
OD IT P WIS TO RES   EVA   INV   IMV   To Inspect Vehicle No: at Workstop m/s of   Golour   A.   B.   B.   A.   Insured:   Golour   A.   B.   B.   Poky No.   Claims No.   Gen. Cond. (2663) Fall   Poor   Burnt   Sum insured:   Excess:   (Clear's Record)   Ball or Market   Value:   B.   (Poky Condition)   Remark: The veh had commenced its repair at the time of Inspection.   Ball or Market Value:   B.   S.   (DAC Acoddent Root:   Consistent? : Yes or No   GIA   PR Seen:   Consistent? : Yes or No   GIA   PR Seen:   Consistent? : Yes or No   CLIM Sum:   % 3 Val.: Yes or No   CA1   REV   REP.   24 HRS   Date:   Person Contactod:   Vehicle: IN   OUT   Date   Time   Action   Instruction   IV   Filt   Party   T.   Carkering   Results   If you of Repair:   Survey Fee:   Image:   Instruction   Iv   Filt   F	ennerh	ASSIGNMENT
OD IT P WIS TO RES   EVA   INV   IMV   To Inspect Vehicle No: at Workstop m/s of   Golour   A.   B.   B.   A.   Insured:   Golour   A.   B.   B.   Poky No.   Claims No.   Gen. Cond. (2663) Fall   Poor   Burnt   Sum insured:   Excess:   (Clear's Record)   Ball or Market   Value:   B.   (Poky Condition)   Remark: The veh had commenced its repair at the time of Inspection.   Ball or Market Value:   B.   S.   (DAC Acoddent Root:   Consistent? : Yes or No   GIA   PR Seen:   Consistent? : Yes or No   GIA   PR Seen:   Consistent? : Yes or No   CLIM Sum:   % 3 Val.: Yes or No   CA1   REV   REP.   24 HRS   Date:   Person Contactod:   Vehicle: IN   OUT   Date   Time   Action   Instruction   IV   Filt   Party   T.   Carkering   Results   If you of Repair:   Survey Fee:   Image:   Instruction   Iv   Filt   F	Date.	Veh No. 5/ P4358 P
To Insped Vehicle No:  at Workshop m/s  of Insured: Policy No. Claims No. Sum Insured:  (Clearis Record) Make:  Make: Ma		Type: MCREAN Over A Provide A Provid
To inspect Vehicle No: at Workshop m/s of a work	OD /TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Troller and / Van / Lorry / Taxi / Prime Mover /
Cooling May No. Claims No. Complete No. Claims No. Clai	To Inspect Vehicle No:	A
Insured:   Insured:	at Workshop m/s  Alan	Colors 2306 c.c 29
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.  Bal. or Markat Value:  Bal. or Markat Value:  Bal. or Markat Value:  (DAC Accident Root:  Consistent?: Yes or No  GIA / PR Soon:  Consistent?: Yes or No  GIA / PR Soon:  CA / REV / REP. / 24 HRS  Date:  Person Confacted:  Person Confacted:  Vehicle: IN / OUT  Date / Time  Action / Instruction  LYA FRE part To Confacted:  Person Confacte	of	insured / Std / NI / N
Colims No.  Claims No.  Sum Insured: Excess: (Client's Record)  Make of Veh:  (Posicy Condition)  Plamark: The veh had commenced its repair at the time of Inspection.  Ball, or Market Value: B-56/L  IDAC Acadent Rport: Consistent?: Yes or No  Gla / PR Seen: Consistent?: Yes or No  Lum Sum: % 3 Val.: Yes or No  Coal / REV / REP. / 24 HRS  Date: Vehicle: IN / OUT  Date / Time   Action / Instruction   Action / Instruction   Action / Instruction   Action / Instruction   IV / Implication   Iv / Iv	Insured:	Titladio, Insured / Std / NI / N
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Sum Insured:  Excess:  (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of Inspection.  Bal. or Market Value:  Bal. or Market	Claims No.	CINO: WOD 2 1205 & 24 2585
(Client's Record) Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  (B S / US /	Sum Insured: Excess:	Gen. Cond: Good Fair / Poor / Burnt
Make of Veh:    Modi: NII / SIRIm   STD ARRIM or	LACESS.	
Person Contacted:   Pers	*	Carried Leaved Burnt of
R:		
Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  B56/C  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  Other:  Person Contacted:  Date / Time  Action / Instruction  LV/ FR/ pars To Continue, Battern Road  Person Contacted:  Days Of Repair:    Prell. Report   Days Of Repair:	(Policy Condition)	
repair at the time of Inspection.  Bal. or Market Value:  B566k  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  Oate:  Person Contacted:  Vehicle: IN / OUT  Date / Time  Action / Instruction  LVA  Fix pers To  Corknake Report  Days Of Repair:  Streep I / Be Pass 107  Add Fee:  Streep I / Site Insp (\$	/ 1	R: 245/45R17
Bal, or Market Value:    DAC 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     Date:   Person Contacted:   Vehicle: IN / OUT     Date / Time   Action / Instruction     Livy   Filk   past   To   Continual   Bettern   Float     Days Of Repair:   Survey Fee:     Transportation:   Transportation:   Transportation:     Orthoo, File Pass to?   : Site Insp (\$ ) SRS. St.     Interview (\$ ) Proof.     Powers   Linterview (\$ ) Proof.     Date   Time   Linterview (\$ ) Proof.     Date   Time   Linterview (\$ ) Proof.     Date   Transportation:   Tech   Inverse (\$ ) Proof.     Date   Time   Linterview (\$ ) Proof.     Date   Transportation:   Tech   Inverse (\$ ) Proof.     Date   Time   Linterview (\$ ) P		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR DSUBLY
IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  Lum Sum: \$\% 3 \text{ Val.: Yes or No} \\  CA / REV / REP. / 24 HRS  Date: Person Contacted: IN / OUT  Date / Time Action / Instruction  LUM FAR PASS TO CONTACT REPAIRS  Date / Time Action / Instruction  LUM FAR PASS TO CONTACT REPAIRS TO CONTACT REPAIRS TO CONTACT RESURVEY No. of Trip:  Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  ACTION FAR PASS 167  Prell. Report Days Of Repair:  Survey Fee: Transportation:  Add Fee: Stite Insp (\$		TOYO / YOKO or
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  Date: Person Contacted: Vehicle: IN/OUT  Date / Time		
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Survey held at  Date: Person Contacted: Vehicle: IN/OUT  Date/Time		NO 0.0.A. 8/9/1/1 DOI 11/0/11
Date   Person Contacted:    Vehicle: IN / OUT   NS FM   The U/C / Chassis frame / Body Structure affected due to collision.   Vehicle: IN / OUT   The U/C / Chassis frame / Body Structure affected due to collision.   Vehicle: IN / OUT   The U/C / Chassis frame / Body Structure affected due to collision.   Vehicle: IN / OUT   The U/C / Chassis frame / Body Structure affected due to collision.   Vehicle: IN / OUT   The U/C / Chassis frame / Body Structure affected due to collision.   Vehicle: IN / OUT   Body	To val 165 Of	No Survey held at
Date   Time   Action   Instruction   The U/C   Chassis frame   Body Structure affected due to collision.    199   Filt pars   To Carthonic   Botton   Hot		Des. of Damages : Frt / Rear / O/S / N/S / U/C / Roofton or
Date / Time   Action / Instruction   The U/C / Chassis frame / Body Structure affected due to collision.    Continue   Reference   Referen	Person Contacted: Veh	ncie. IN/001 70/3 /54
Time, File Pass to?   : Prell. Report   Days Of Repair:		The U/C / Chassis frame / Body Structure affected due to collision.
Days Of Repair:    Prell. Report   Days Of Repair:   Survey Fee:   Transportation:   Add Fee:   Site Insp (\$ ) _ \$ + RS _ \$!     Interview (\$ ) Fixeds   Tech Invs (\$ ) Others	19 10 1	
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		Took In/5

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	5372J
Vehicle No.:	SLP4358R
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Sep 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E300 A
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	27295231582787
Chassis No.:	WDD2120542A258905
Maximum Power Output:	170.0 kW (227 bhp)
Open Market Value:	\$52,346.00
Original Registration Date:	09 Sep 2010
First Registration Date:	09 Sep 2010
Transfer Count:	2
Actual ARF Paid: Intended PARF Rebate Details	\$52,346.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Sep 2020
PARF Rebate Amount: Intended COE Rebate Details	\$28,790.00
COE Expiry Date:	08 Sep 2020
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$23,889.00
COE Rebate Amount:	\$4,753.00
Total Rebate Amount:	\$33,543.00
information contained baroin is correct as at 12 Cap 2010	Form Manual 1952

The information contained herein is correct as at 12 Sep 2018