INS. CASE OWNER:		CC 4, 1PL 180 (6994,	JWB LKK:		
Surveyor:	ch	ASSIGNM DOI:	61.0	Date / Time :	17/9/18	
- Dai 10,01		(0 /	11	Registered in Merimen:		
Pre-assign / CCU /	FTE .7	5-0-04		. 1 1 2	1 - 1 -	0.
Insured Vehicle No.		F8423J	Claim No.	18/19/18	NO BLOT	1915
Name of Insured			Policy No.			100
						Ores
Insured Tel No.		HP: 15/0/18	Make / Model			
Excess Sec II :S\$		D.O.A: 0 10 10	Place of Acciden	nt:		
Is driver the owner?	(YES / NO)	Nature of Accident :				
If NO, Driver Nam Driver Tel N		(V/L: YES / NÕ;)	OI GIA REPOR Insured Liability	T: YES / NO ; TP GIA RI	EPORT: YES / NO ? Yes / No	
SLJ 476	βC					
INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabilit RMKS	ty:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: I'el: Liability:	
Date/ Time						
	774XPP C.X.	17 69 x 37 - X		STAGE	DATE / PIG	C
	U 1	4 , 0		Non-Reporting ltr (1st): Non-Reporting ltr (2nd):		
				Non-Reporting ltr (Final):		
100				Notification ltr (if non-picku Call OI:	p):	
161				After call ltr to OI:		8.
				Documentation Check Lis	The second secon	it
				Notification ltr (if non-picku	p)	
				After call ltr to OI: Authorisation To Act:		
		le le		Release Voucher:		
				Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA : Medical Bill:		
				PIR:		404
				Mandate/Reject Instruction	on:	
				LOD		
				Payment Breakdown For	n:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
FINALIZATION	Date/Time:	Confirm with:		Others: Confirm by:		
Repair Cost:	S\$ (days) Reduction:	%	Email	Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
Final Liability:	% (Agreed	1 / 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				26	
Loss of Income (LOI): LOR only LOU only		LOR + LOI [Tick only one				
GIA/LTA Search	S\$					
Medical:	S\$			1) Claim status: Normal/	Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independen	nt)	2) Report Format;		
Legal Cost	S\$ S\$	Global Sum S\$:		3) Survey fee:		
Total: FINAL PAYMENT	Date/Time:	Confirm with:		Email Call		
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:	W.			
Payee 3: (Strike if N.A.)	S\$	Name 3:	·			

	REF: LPC			100
ginsenar.		ASSIGNMEN	T	
From:	Date: 1809201	Veh No: S	2 T 47660 r/M.Cycle/Bus/Van/L	Yr Regn: 12/6
DD / TP) WS / TP RES / OD RE	ES / EVA / INV / MV	Truc	k/Trailer or A/	/
o Inspect Vehicle No:	SLJ 4766C	Make:	respe 3	c.c 1496
	Ethoz	Colour	KNOWN	A/C: Insured / Std / NI / NA
	np in/s	Sp.Reading	1 1 . 1 . 1 . 1	T/Radio: Insured / Std / NI / NA
nsured:	the site	Eng/No:		
Policy No.		C/No:	JM6B1	n42A8603428
Claims No.		Gen. Cond	God Fair / Poor / Burn	t
Sum Insured:	Excess:	Steering: In	perder / Jammed / Leaked	/ Burnt or
(Client's Record)		Brake: II	norder / Jammed / Leaked	/ Burnt or
Aake of Veh:		Modi: N	il SIRM / STD A/Rim o	or ,
The state of the s		Tyre Size:	F: 20-	5/50R16
(Policy Condition)			R:	
Remark: The veh had comme	nced its N/S	O/S BS / DUN	EXNOVA / GY / FS / LIZA	/ MIC / OHTSU / PIR / SUMI /
repair at the time of		TOYO/Y	OKO or	FAULL
Bal. or Market Value:	68/4.	Front	/	Rear
DAC)Accident Rport:	Consistent? : Yes or No	R/Bal.	∕6 mm	R/Bal. 6 mm
PR Seen:	Consistent? : Yes or No	L/Bal.	6, , mm	L/Bal. 6, mm
	days Res.: Yes or No	D.O.A.	15-18/18	D.O.I. 1819/18
Lot: Hopana	% 3 Val.: Yes or No		eld at	- / //
Lain out		Des. of D	amages : Frt / Rear / O/S	I N/S / U/C / Rooftop or
CA / REV / REP. / 24	HRS Vehicle	e: IN / OUT	M 0(5.	
Date: Person	Contacted:	The U	IC / Chassis frame / Bo	dy Structure affected due to collision.
Date / Time Action / Inst	truction	1 1 2 - 22		
27	914 fy	M. Inh. Nep 170	0	
	914			
nett 16	,	(12) WH	AN Co:	
7/5/16 521/6	11/1006			
7/5/ef confin	d 4/5. € 6	100 - 10	111 (154)	
7/5/ef confin	d 4/5_€ 6	200 - 10	771 (05)	
7/s/ef confu	A MS_ € 6		777 (05)	
next 16	A MS_ € 6		777 (05)	
Als/if confin		Days Of		
Date/Time, File Pass to?	: Preli. Report	Days Of	Repair:	Survey Fee:
Date/Time, File Pass to?		Days Of		Survey Fee: Transportation:
Date/Time, File Pass to? Date/Time, File Return to?	: Preli. Report	Days Of Resurve	Repair:	
Date/Time, File Pass to? Date/Time, File Return to?	: Preli. Report	Days Of Resurvey	Repair: y No. of Trip:	Transportation:
Date/Time, File Pass to?	: Preli. Report	Days Of Resurve	Repair: y No. of Trip:	Transportation:)S + RSSI

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\$8,320 /yr

16-Sep-2016

1,496 cc

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Mazda 3 1.5A

\$66,800

\$7,740 /yr

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1,496 cc

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Mazda 3 1.5A

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\$7,420 /yr

17-Mar-2016

1,496 cc

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Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars			
Owner ID Type:	Company		
Owner ID:	4531H		
Vehicle Details			
Vehicle No.:	SLJ4766C		
Vehicle to be Exported:	No		
ntended Deregistration Date:	19 Sep 2018		
Vehicle Make:	MAZDA		
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT		
Primary Colour:	Grey		
Manufacturing Year:	2016		
Engine No.:	P520367938		
Chassis No.:	JM6BM42A8G0342480		
Maximum Power Output:	88.0 kW (118 bhp)		
Open Market Value:	\$16,600.00		
Original Registration Date:	13 Dec 2016		
First Registration Date:	13 Dec 2016		
Transfer Count:	1		
Actual ARF Paid: Intended PARF Rebate Details	\$11,600.00 🕎 00		
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	12 Dec 2026		
PARF Rebate Amount:	\$8,700.00		
Intended COE Rebate Details			
COE Expiry Date:	12 Dec 2026		
COE Category:	A - Car up to 1600cc & 97kW (130bhp)		
COE Period(Years):	10		
QP Paid:	\$51,506.00		
COE Rebate Amount:	\$42,386.00		
Total Rebate Amount:	\$51,086.00		

The information contained herein is correct as at 19 Sep 2018

ОК