INS. CASE OWNER	2:	CCY / ASM 180	17190,	17pas	10/10/0
Supremen	wp	DOI: ASSIGN	-		2019/10
Surveyor:	34	DOI:	4 (8	Date / Time :	000119
Pre-assign / CCU	/FTE toll	2		Registered in Merimen:	~
Insured Vehicle No	17	Just			н н
A A), :	1 1	Claim No.	:	
Name of Insured	:		Policy No.	:	
Insured Tel No.	:	HP:	Make / Model	1.	
Excess Sec II :S\$	U	D.O.A: 20(09)	Place of Accid	lent:	
Is driver the owner	? (YES / NO)	Nature of Accident :			
If NO, Driver Nar	me / Age :		OI GIA REPO	RT: YES / NO ; TP GIA	REPORT: YES / NO
Driver Tel	No.:	(V/L: YES / NO)	Insured Liabili		al? Yes/No
SLN39	85				
INSRS: - 1					
WSP: VHO	MNSRS WSP:		INSRS: WSP:		INSRS: WSP:
H Tel:	H Tel:	AA	Tel:	A A	Tel:
Liability : RMKS:	Liabilit RMKS	1147 2471	Liability:	K-V	Liability :
Date/ Time	RIVINS		RMKS:		RMKS:
Dates Time					
	STN3185 - X;	28H JON C. X		STAGE Non-Reporting ltr (1st):	DATE / PIC
	,			Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final): Notification ltr (if non-pic	
	87			Call OI:	кир).
				After call ltr to OI:	
				Documentation Check I	The state of the s
				Notification ltr (if non-pic After call ltr to OI:	Kup)
				Authorisation To Act:	
				Release Voucher:	
6				Final Repair Bill:	
				Car Rental Invoice: Towing Invoice	
		,		LTA/GIA:	
				Medical Bill:	
				PIR:	A 6/2
				Mandate/Reject Instruct	tion:
				LOD	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Payment Breakdown For Post-Repair Photos:	IIII:
				Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost: FINAL SETTLEMENT	S\$ (days) Reduction:	%	Ema	il Call Call
Final Liability:	Date/Time: (Agreed /	Confirm with		Email Call	
Repair Cost:	S\$ (Agreed /	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 GIA/LTA Search	LOR+LOU LOS\$	OR + LOI [Tick only one			
Medical:	S\$			1) (((a)	Malast Duly or Cont
Disbursement:	S\$	(e.g. Tow/ Independen	t)	Claim status: Normal Report Format:	/Keject/Private Settle
Legal Cost	S\$	College and American		3) Survey fee:	
Total:	SS	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1:	S\$	Name 1:		4	
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	S\$ S\$	Name 2: Name 3:	,		
the state of the s		A SHIPP OF THE PROPERTY OF THE	PARTIE PA		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED

(66/110-8) REF:		
Rineyor:		
	ASSIGNMENT	2017 0-61
From: Date:	Veh No: SLN 398L	Yr Regn: 2017 April
Estimated Cost:	Type: M.Ca / M.Cycle / Bus / Van	Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:	Make: Handa Odys	1.0
at Workshop m/s	Colour Gray,	A/C: Insured / Std / NI / NA
of	Sp.Reading	20363/Radio: Insured / Std / NI / NA
Insured:	Eng/No:	
Policy No.	C/No: JHMRCI	89046200802
Claims No.	Gen. Cond: Good Fair / Poor / Bu	irnt
Sum Insured: Excess:	Steering: Inorder Jammed / Leak	ed / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leak	ed / Burnt or
Make of Veh:	Modi: Nil /S/Rim) / STD A/Rim	1 or
	Tyre Size: F: 215/5	SR17.
(Policy Condition)	R: 215/55	SRIT.
Remark: The veh had commenced its N/S	O/S BS /OUN EXNOVA / GY / FS / LI	ZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or	
Bal. or Market Value: 1251C	Front	Rear
0 14 10 V N	R/Bal. 06 mm	R/Bal. ob mm
IDAO ACCIDENT TOOLS	L/Bal. 06 mm	L/Bal. Ob , mm
OIA / TY OCON.	D.O.A.	D.O.I. 2000/18
Lat. repairs.	A STATE OF THE STA	17.
Lum Sum: % 3 Val.: Yes or No	Des. of Damages : Frt / Rear / C	
CA / REV / REP. / 24 HRS	IN / OUT	
Date: Person Contacted:		Body Structure affected due to collision.
Date / Time Action / Instruction		
TP AXA.		
AA) c ;		
MV: PV: 72.6/C		
Nett:		
//····		
,		
Date/Time File Page to?	Dave Of Banair	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	Survey Fee:
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip:	Transportation:
	Add Fee: : Site Insp (\$)S+RS,SI
2)	Interview (\$) Photos
Panart Format	: Tech. Invs (\$) Others
Report Format :	: Weekend (\$	
Lump Sum / I.B.I: (\$. Weekend (*	TOTAL

' > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

8755F

Vehicle Details

Vehicle No.:

SLN398L

Vehicle to be Exported:

No

Intended Deregistration Date:

20 Sep 2018

Vehicle Make:

HONDA

Vehicle Model:

ODYSSEY 2.4 EXV-S CVT SR

Primary Colour:

Grey 2017

Manufacturing Year: Engine No.:

K24W72040259

Chassis No.:

JHMRC1890HC200802

Maximum Power Output:

129.0 kW (172 bhp)

Open Market Value:

\$30,764.00

Original Registration Date:

20 Apr 2017

First Registration Date:

20 Apr 2017

Transfer Count:

Actual ARF Paid:

\$35,070.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

19 Apr 2027

PARF Rebate Amount:

\$26,302.00

Intended COE Rebate Details

COE Expiry Date:

19 Apr 2027

COE Category:

B - Car above 1600cc or 97kW

(130bhp)

COE Period(Years):

10

QP Paid:

\$54,000.00

COE Rebate Amount:

\$46,344.00

Total Rebate Amount:

\$72,646.00

The information contained herein is correct as at 20 Sep 2018

OK