

INS. CASE OWNER:

CC CC4, Asm 180 17601, H jas

LKK: 72084  
IDAC:

Surveyor:

MASUL

DOI:

ASSIGNMENT

2/10/18

Date / Time:

20/9/18

Registered in Merimen:

Pre-assign / CCU / FTE

SKM 5677K



Insured Vehicle No. :

Claim No. :

SKM 5677K

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A:

25/9/18

Place of Accident :

Is driver the owner? ( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SLU 1194P



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Volkswagen



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time

SLU 1194P, X; SKM 5677K, 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)	<input type="checkbox"/>	<input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
PIR:	<input type="checkbox"/>	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
LOD	<input type="checkbox"/>	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>

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\$

Total: S\$ Global Sum S\$:

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format:
- 3) Survey fee:

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:



&gt; Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	81271
Vehicle Details	
Vehicle No.:	SLU1194P
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Oct 2018
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	JETTA 1.4 TSI AT 1K23G5 MX
Primary Colour:	Silver
Manufacturing Year:	2010
Engine No.:	CAX509586
Chassis No.:	WWZZZ1KZAM127045
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$20,571.00
Original Registration Date:	01 Jul 2010
First Registration Date:	01 Jul 2010
Transfer Count:	0
Actual ARF Paid:	\$20,571.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Jun 2020
PARF Rebate Amount:	\$11,314.00
Intended COE Rebate Details	
COE Expiry Date:	30 Jun 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$26,102.00
COE Rebate Amount:	\$4,546.00
<b>Total Rebate Amount:</b>	<b>\$15,860.00</b>

The information contained herein is correct as at 03 Oct 2018

OK

24,000  
 15,860  
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 8,140  
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