INS. CASE OWNER		CC 6 / 171 180	17747, U	fa3 DA		
Surveyor:	mapeus	ASSIGN	10 -18	ate / Time :	1-10-18	
Pre-assign / CCU / Insured Vehicle No Name of Insured	YRB /	46796	Claim No. : Policy No. :	egistered in Merimen:		
Insured Tel No.  Excess Sec II :S\$  Is driver the owner.	( , )	HP:  D.O.A: 28(09)18  Nature of Accident:	Make / Model : Place of Accident			
If NO, Driver Nam  Driver Tel 1	No. :	(V/L: YES / NÖ)	OI GIA REPORT Insured Liability :	: YES / NO ; TP GIA % Fin	REPORT: YES / NO	
INSRS: WSP: HAV M Tel: Liability: RMKS:		y:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	_
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	GR 4679 6 - CC)	111 6003 03 1 HA 6P3	49 30 0 1 × 1	TAGE  Jon-Reporting ltr (1st): Jon-Reporting ltr (2nd): Jon-Reporting ltr (Final) Jotification ltr (if non-pi call OI;		IC
			A	after call ltr to OI:		4
			- Jes	ocumentation Check	WHEN PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ist
				Notification ltr (if non-pi	ckup)	
				After call ltr to OI:		
				telease Voucher:		
				inal Repair Bill:		
				Car Rental Invoice:		
				'owing Invoice		
				TA / GIA :		
	•			Medical Bill:		
				PIR:		775.52
				//Aandate/Reject Instruc	tion:	
				OD	TION.	
		129		ayment Breakdown F	orm:	
PRELIMINARY ADVICE	Date/Time:	Sent By:	THE RESERVE OF THE PARTY OF THE	Post-Repair Photos:		
				Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		-
Repair Cost:	S\$ (	days) Reduction:	%	Em	ail Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
Final Liability:	% (Agreed	/ Assessed) BOLA S/N No. :		f NO or B 28, Ass. Lie		
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		OR + LOI [Tick only on	e]			
GIA/LTA Search	S\$					
Medical:	S\$		1	) Claim status: Norma	al/Reject/Private Settle	e
Disbursement:	S\$	(e.g. Tow/ Independe		2) Report Format:	The state of the	
Legal Cost	S\$		3	3) Survey fee:		
Total:	SS	Global Sum S\$:				
THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	THE RESIDENCE OF THE PARTY OF T			The second secon		
FINAL PAYMENT	Date/Time:	Confirm with:	I	Email Call	]	
FINAL PAYMENT Payee 1:	Date/Time:		I	Email Call	]	
FINAL PAYMENT	Date/Time:	Confirm with:	I	Email Call		

CA / REV / REP. / 24 HRS  Date: Person Contacted: Desc. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  Date / Time   Action / Instruction   Arth & 7 96 7    Date/Time, File Pass to?   : Preli. Report   : Final Report   : Final Report   : Survey Fee:     : Site Insp (\$ )		
ASSIGNMENT  Veh No:  STV 646 VYr Regn:  Lobert Lestimated Cost  Type: MCSE-MCCycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or C. /  Make:  Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  Insured:  GO Insured:  From:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  Insured:  From:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Na  EngyNo:  Colour Sp. Reading 3777 Tirk doi: Insured / Std / Ni / Ni  EngyNo:  Colour Sp. Reading 3777 Tirk	REF:	
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Estimated Cost:  OD 1 P. WS 1 TP RES I OD RES   EVA   INV   MV  To Inspect Vehicle No:  al Workshop m/s  of	From: Date:	Veh No: 3JV 626 Myr Regn: 716
To Inspect Vehicle No:  at Workshop m/s  of  at Workshop m/s  of  at Workshop m/s  of  linsured:  Colour  AC: Insured Islat ININ NA  Sp. Reading  T/Radio: Insured Islat ININ NA  Eng/No:  CNo:  CNo: CNo:	Estimated Cost:	
at Workshop m/s of Insured: GRIP 4679 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.  Bai. or Market Value:  (DigA Accident Rport: Consistent?: Yes or No. Est Repairs: days Res:: Yes or No. CA / REV / REP. / 24 HRS Date: Person Contacted:  Date / Time Action / Instruction  Colour Raple: AR: Insured / Std / NII / NA FR. Reading 7774  Tirkadio: Insured / Std / NII / NA EngNo: CNo. CNo. CNo. CNo. CNo. CNo. CNo. CNo.	OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or CA
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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:  IDyC Accident Rport: 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:  Person Contacted: IN / OUT  Date / Time   Action / Instruction  Date / Time   Action / Instruction  Add Fee: Site Insp (\$ )  Survey No. of Trip: Transportation:  Add Fee: Site Insp (\$ )  Survey No. of Trip: Transportation:  Add Fee: Site Insp (\$ )  Survey Fee: Transportation:  Add Fee: Site Insp (\$ )  Survey No. of Trip: Transportation:  Add Fee: Site Insp (\$ )  Survey No. of Trip: Transportation:  Add Fee: Site Insp (\$ )  Survey No. of Trip: Transportation:  Add Fee: Site Insp (\$ )  Survey No. of Trip: Transportation:  Add Fee: Site Insp (\$ )  Survey No. of Trip: Transportation:  Add Fee: Site Insp (\$ )  Survey No. of Trip: Transportation:  Add Fee: Site Insp (\$ )  Survey No. of Trip: Transportation:  The U/C / Chassis frame / Body Structure affected due to collision.	Policy No.	C/No: 254600070557
Cilent's Record   Make of Veh:   Brake:   Modi:   Nil	Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball. or Market Value:  IDAC Accident Root:  Consistent?: Yes or No  Estal. PR Seen:  Consistent?: Yes or No  CLum Sum:  96 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date / Time   Action / Instruction  Action / Instruction  Action / Instruction  Add Fee:  Site Insp  Site Insp  Site Insp  Site Insp  Survey Fee:  Transportation:  Add Fee:  Site Insp  Site Ins	Sum Insured: Excess:	Steering: Lorder / Jammed / Leaked / Burnt or
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CA / REV / REP. / 24 HRS  Date: Person Contacted: Person Contacted: Person Contacted: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date/Time	Est. Repairs: days Res.: Yes or No	
Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction  L 7A & 7 96 7  Date/Time, File Pass to?   : Preli. Report   Days Of Repair:   Survey Fee:   Transportation:   Characterists   C	Lum Sum: % 3 Val.: Yes or No	Survey held at
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date/Time   Action / Instruction	CA / REV / REP. / 24 HRS 92736	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.  Action / Instruction  Date/Time Report  Date/Time, File Pass to?  Survey Fee: Transportation:  Add Fee: Site Insp (\$ )S + RSSI  Interview (\$ ) Photos  Others  Chapter Format:  Lump Sum / I.B.I: (\$ ) : Weekend (\$ )	Vehicle: IN / OUT	- Ble 0(5.
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TOTAL	Lump Sum / I.B.I: (\$)	: Weekend (\$ )
		TOTAL

## > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Owner ID Type:	Singapore NRIC		
Owner ID:	9273G		
Vehicle Details			
Vehicle No.:	SJV6080U		
Vehicle to be Exported:	No		
Intended Deregistration Date:	01 Oct 2018		
Vehicle Make:	TOYOTA		
Vehicle Model:	HARRIER 2.0 PREMIUM AT AIRBAG 2WD 5DR		
Primary Colour:	Black		
Manufacturing Year:	2015		
Engine No.:	3ZRB714565		
Chassis No.:	ZSU600070553		
Maximum Power Output:	111.0 kW (148 bhp)		
Open Market Value:	\$31,422.00		
Original Registration Date:	22 Feb 2016		
First Registration Date:	22 Feb 2016		
Transfer Count:	0		
Actual ARF Paid: Intended PARF Rebate Details	\$30,991.00		
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	21 Feb 2026		
PARF Rebate Amount: Intended COE Rebate Details	\$23,243.00		
COE Expiry Date:	21 Feb 2026		
COE Category:	B - Car above 1600cc or 97kW (130bhp)		
COE Period(Years):	10		
QP Paid:	\$46,970.00		
COE Rebate Amount:	\$34,724.00		
Total Rebate Amount:	\$57,967.00		

The information contained herein is correct as at 01 Oct 2018

ОК