INS. CASE OWNER	R:	cc 4/ [[] 180	17/12/1	DAG DAG	A	- 4 .
Surveyor:	Imp	DOI: ASSIGN	10	Date / Time :	31018	,
Pre-assign / CCU	(Hr 210	12R	Claim No.	Registered in Merimen.	7/10 218	-
Name of Insured		· ·				
K_N			Policy No.	:		
Insured Tel No.		HP:	Make / Model			
Excess Sec II :S\$		D.O.A: 29/9/208	Place of Acciden	nt:		
Is driver the owner	(120 / 110)	Nature of Accident :				
Driver Tel	No. :	(V/L: YES / NO)	OI GIA REPOR Insured Liability	T: YES / NO ; TP GIA R : % Final	EPORT: YES / NO ? Yes / No	
2 FK 203 A	<u> </u>					
INSRS: WSP: WML Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: I'el : Liability:	
Date/ Time					AVIKS.	
	8UC 203411 X	; str 819272.	^	STAGE Non-Reporting ltr (1st):	DATE / PIC	
				Non-Reporting ltr (2nd): Non-Reporting ltr (Final):		-
				Notification ltr (if non-picku Call OI:	p):	
75	100			After call ltr to OI:		
				Documentation Check List	: Handler Typist	
				Notification ltr (if non-picku		
		4		After call itr to OI:		
				Authorisation To Act: Release Voucher:		-
				Final Repair Bill:		-
				Car Rental Invoice:		
				Fowing Invoice		
		(A		LTA/GIA:	* 1	
				Medical Bill:		191
				PIR:		7 22
				Mandate/Reject Instruction	1:	\dashv
W. W				Payment Breakdown Form	: [-
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
FINALIZATION	Date /Ti			Others:		
Repair Cost:	Date/Time:	Confirm with:		Confirm by:		
FINAL SETTLEMENT		days) Reduction:	%	Email	Call	
Final Liability:		ssessed) BOLA S/N No. ;		Email Call		
Repair Cost:	S\$	BSSSSCO) BOLA S/IV IVO.		f NO or B 28, Ass. Lia:		
Loss of Rental (LOR):	S\$ (days)				-
Loss of Use (LOU):	S\$ (\$ x	days)				-
Loss of Income (LOI): LOR only LOU only	S\$ (\$ x	days)				
LOR only LOU only GIA/LTA Search		R+LOI [Tick only one				
Medical:	S\$ S\$					
Disbursement:	S\$	(e.g. Tow/ Independen) Claim status: Normal/R	eject/Private Settle	
Legal Cost	S\$	(v.g. 10w/ mucpenden		2) Report Format: 3) Survey fee;	\$4	-
Total:	SS G	Global Sum S\$:		, 5 00.	1"	-
FINAL PAYMENT	Date/Time:	Confirm with:	1	Email Call		
Payee 1:		Vame 1:				
Payee 2: (Strike if N.A.)		Vame 2:	N.			
Payee 3: (Strike if N.A.)	S\$ N	Jame 3:	mento es pura estado o consider			

(08/11/13) DEE. ()	n /Ana3 -			
Sameuor REF:	1 1 1 2 2 2			
	GNMENT			
From: Date:	Veh No: SLKS0344. Yr Regn: 2009 Jan.			
Estimated Cost:	Type: M.Car / 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: Manedes Benz. Ewo c.c 1796			
at Workshop m/s	Colour Red . A/C: Insured / Std / NI / NA			
of	Sp.Reading 232479. T/Radio: Insured / Std / NI / NA			
•	Eng/No:			
Insured:	C/No: WDB21104128382978			
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt			
Claims No.	Steering: Inorde / Jammed / Leaked / Burnt or			
Sum Insured: Excess:	Brake: Inorder / Jammed / Leaked / Burnt or			
(Client's Record) Make of Veh:	Modi: Nil /(S/Rim) / STD A/Rim of			
Wake of Yell.	211/2/11/2017			
(Policy Condition) Remark: The veh had commenced its N/S O/S	R: 245/43R17.			
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PR / SUMI / TOYO / YOKO or			
Bal. or Market Value:	<u>Front</u> <u>Rear</u>			
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm			
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm			
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 03/10/18			
Lum Sum: - % 3 Val.: Yes or No	Survey held at Eversen.			
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or			
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.			
Date / Time Action / Instruction				
TPILI	Pending COE Renewal.			
	7			
mv : 26K				
PV 1163K.				
Nett. BIL				
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 4919A .			
1) : Final Report F	Resurvey No. of Trip: Survey Fee:			
Date/Time, File Return to?	Transportation:			
Add Fee:	: Site Insp (\$)S+RSSI			
	: Interview (\$) Photos			
Report Format:	: Tech. Invs (\$) Others			
Lump Sum / I.B.I: (\$:Weekend (\$			

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	4919A	
Vehicle Details		NO CONTRACTOR
Vehicle No.:	SLK5034U	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	04 Oct 2018	
Vehicle Make:	MERCEDES BENZ	
Vehicle Model:	E200 NGT	
Primary Colour:	Red	
Manufacturing Year:	2008	
Engine No.:	27195631118096	
Chassis No.:	WDB2110412B382978	
Maximum Power Output:	120.0 kW (160 bhp)	
Open Market Value:	\$54,006.00	
Original Registration Date:	21 Jan 2009	
First Registration Date:	21 Jan 2009	
Transfer Count:	2	
Actual ARF Paid:	\$32,404.00	
Intended PARF Rebate Details		TOTAL STREET
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	20 Jan 2019	
PARF Rebate Amount:	\$16,202.00	
Intended COE Rebate Details		
COE Expiry Date:	20 Jan 2019	
COE Category:	E - Open Category	
COE Period(Years):	10	
QP Paid:	\$5,701.00	
COE Rebate Amount:	\$90.00	
Total Rebate Amount:	\$16,292.00	

The information contained herein is correct as at 04 Oct 2018

New Cars

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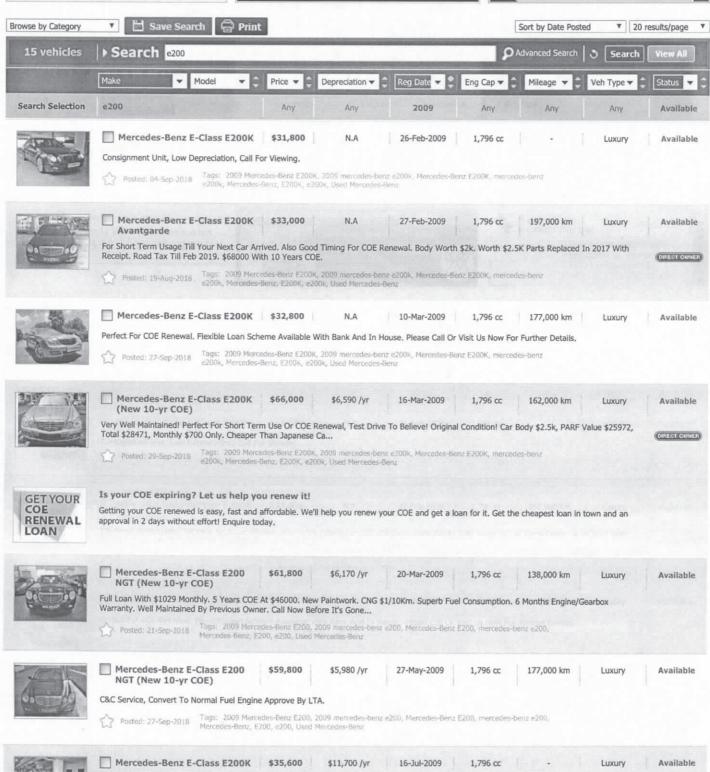
Forum

Resources









Leather Seats, Sport Rim, Reverse Sensor, Retractable Side Mirror, Well Maintained, Call Before Coming.

