| 15/5/2010 2*S. CASE OWNER: | | CC 4, MG 180 | 19045 | KWA3 LKK: | |
|---|---|--|---|--|----------|
| B. C. DE OWNER. | KEL | | MENT 18 | 18/10/8 | _ |
| Surveyor | 1080 | DOI: | 10/18 | Date / Time: | |
| | | | | Registered in Merimen: | |
| Pre-assign / CCU / | FTE Ch. | 12701 | | | |
| Insured Vehicle No. | : SPV . | 17700 | Claim No. | : <u> </u> | ٨ |
| Name of Insured | | | Policy No. | | |
| - June | | **** | | : | N |
| Insured Tel No. | | HP: | Make / Model | | |
| Excess Sec II :SS | | D.O.A | Place of Acciden | nt: | _ |
| Is driver the owner? | (YES / NO) | Nature of Accident : | | | _ |
| If NO, Driver Name | | 715 175 (21Å) | | T: YES / NO ; TP GIA REPORT: YES / NO | |
| Driver Tel N | | (V/L: YES / NÕ;) | Insured Liability | /: % Final? Yes/No | _ |
| - JN 24P8 | <u>S</u> > | | | | |
| INSRS: WSP: ACLOV & Tel: Liability: RMKS: | INSRS: WSP: Tel: Liability RMKS: | y: | INSRS: WSP: Tel: Liability: RMKS: | INSRS: WSP: Tel: Liability: RMKS: | |
| Date/ Time | | | | | |
| | Showless will | ch 11014483 M10631 | (2: VOA: 20 X) | STAGE DATE/PIC | |
| | 6 | | 6.4 1.1 | Non-Reporting ltr (1st): Non-Reporting ltr (2nd): | |
| | 2EA XJ 40 (- WX | (WK1 10 13/29/25) | 1 20 W2 1 X X H | Non-Reporting Itr (Final): | |
| | | | | Notification ltr (if non-pickup): | |
| | | | | Call OI: | |
| | | | | After call ltr to OI: Documentation Check List: Handler Typist | |
| | | + | | Notification ltr (if non-pickup) | |
| | | | | After call ltr to OI: | |
| | | | | Authorisation To Act: | |
| | | | | Release Voucher; | |
| | | | | Final Repair Bill: | |
| | | | | Car Rental Invoice: | |
| | | | | Towing Invoice | |
| | * | | | Medical Bill: | |
| | | | | PIR: | 40 |
| | | | | Mandate/Reject Instruction: | - |
| | | | | LOD | |
| | | | | Payment Breakdown Form: | 79 |
| PRELIMINARY ADVICE | Date/Time: | Sent By: | | Post-Repair Photos: | |
| | | | | Others: | |
| FINALIZATION | Date/Time: | Confirm with: | | Confirm by: | |
| Repair Cost: FINAL SETTLEMENT | S\$ (| days) Reduction: | % | Email Call | -> |
| PHYAL SETTLEMENT | Date/Time: | Confirm with | | Email Call | |
| Final Lightlity | 0/ / / / / / / / / / / / / / / / / / / | / / | | | y' |
| | | / Assessed) BOLA S/N No. : | | If NO or B 28, Ass. Lia: | ý |
| Repair Cost: | S\$ | 40 | | If NO or B 28, Ass. Lia: | ý |
| Repair Cost: Loss of Rental (LOR): | | days) | | If NO or B 28, Ass. Lia: | , |
| Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): | S\$ (| days) | | If NO or B 28, Ass. Lia: | ý. |
| Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only | S\$ (\$ x S\$ (\$ x LOR + LOU 1 | days) | ne] | If NO or B 28, Ass. Lia: | |
| Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search | S\$ (\$ x S\$ (\$ x S\$ (\$ x LOR+LOU 1 | days) days) days) | ne] | | ¥ |
| Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only GIA/LTA Search Medical: | S\$ (\$ x S\$ (\$ x S\$ (\$ x S\$ (\$ x S\$ C\$ (\$ x S\$ (\$ x S\$ C\$ (\$ x S\$ (\$ x S (\$ x | days) days) days) OR + LOI [Tick only o | | Claim status: Normal/Reject/Private Settle | <i>y</i> |
| Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: | S\$ (\$ x S (\$ | days) days) days) | | Claim status: Normal/Reject/Private Settle Report Format: | ¥ |
| Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost | S\$ (\$ x S\$ (\$ x S\$ (\$ x DLOR+LOU 1 | days) days) days) COR + LOI [Tick only of the control of the contr | | Claim status: Normal/Reject/Private Settle | 7 |
| GIA/LTA Search Medical: Disbursement; Legal Cost Total: | S\$ (S\$ X S\$ (S\$ X X X (S\$ X X (S\$ X X (S\$ X X (S\$ X (S\$ X (S\$ X X (S\$ X | days) days) days) COR + LOI [Tick only of the control of the contr | | 1) Claim status: Normal/Reject/Private Settle 2) Report Format: 3) Survey fee: | 7 |
| Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost Total: FINAL PAYMENT | S\$ (\$ x S\$ (\$ | days) days) days) COR + LOI [Tick only of the control of the contr | | Claim status: Normal/Reject/Private Settle Report Format: | ¥ |
| Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost Total: | S\$ (S\$ X S\$ (S\$ X X X (S\$ X X (S\$ X X (S\$ X X (S\$ X (S\$ X (S\$ X X (S\$ X | days) days) days) COR + LOI [Tick only of the control of the contr | | 1) Claim status: Normal/Reject/Private Settle 2) Report Format: 3) Survey fee: | ¥ |

| QE/11/13) | REF: / | AIG | | |
|------------------------------------|---------------------|-------------------|---------------------------------------|---|
| Simeyor: | 11.57 | LCCX | CNIMENT | |
| | | ASSI | GNMENT | 0 |
| From: | Date: 19 | 10/18 | | PS Yr Regn: 11, 05 |
| Estimated Cost: | | | Type: M.Car / M.Cycle / Bus / Van / I | Lorry / Taxi / Prime Mover / |
| OD (TP) WS / TP RES / OD RES / | EVA / INV / MV | | Truck / Trailer or | ngen |
| To Inspect Vehicle No: | SIU 2468 | 85 | Make: (fonde) | Armere c.c 1496 |
| | ord Auto |) | Colour M. Corey | A/C: Insured / Std / NI / NA |
| of 10 KMK Ind. Par | | 3-11 | Sp.Reading 215 85 | |
| nsured: | 11 11 | | Eng/No: | |
| Policy No. | | | C/No: G | 11 . 130 8361 |
| Claims No. | | | Gen. Cond: Good Fair / Poor / Burn | nt |
| Sum Insured: | Excess: | | Steering: Inorder / Jammed / Leaker | d / Burnt or |
| (Client's Record) | • | | Brake: Inorder / Jammed / Leaker | d / Burnt or |
| Make of Veh: | | | Modi: Nil / S/Rim / STD A/Rim | or |
| | | | Tyre Size: F: | 185/65R14 |
| (Policy Condition) | | | R: | |
| Remark: The veh had commenced | d its | N/S O/S | BS / DUN / EXNOVA / GY / FS / LIZ | A / MIC / OHTSU / PIR / SUMI / |
| repair at the time of insp | ection. | | TOYO / YOKO or | Viking |
| Bal. or Market Value: | | | Front | Rear |
| IDAC Accident Rport: | Consistent? : Yes o | r No | R/Bal. Z mm | R/Bal. 2 mm |
| | Consistent? : Yes o | r No | L/Bal. 2 mm | L/Bal. 2 mm |
| Est. Repairs: 05 days | Res.: Yes | or No | D.O.A. 16/10/18 | D.O.I. 19/10/18 |
| Lum Sum: . 20 % | 3 Val.: Yes o | or No | Survey held at | |
| CA / REV / REP. / 24 HRS | (40) | | Des. of Damages : Frt / Rear / O/S | S / N/S / U/C / Rooftop or |
| CA / REV / REP. / 24 HRS | , , , | /ehicle: IN / OUT | My body | |
| Date: Person Con | tacted: | | The U/C / Chassis frame / Bo | dy Structure affected due to collision. |
| Date / Time Action / Instruction | 1 | | • | |
| VE/16 File pass ? | (Car herine | | | |
| | | | | |
| 4 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | 201 |
| Date/Time, File Pass to? | roli Danari | | Dave Of Ponsin | |
| | reli. Report | | Days Of Repair: | Suprov Foot |
| 1) : Fi Date/Time, File Return to? | nal Report | | Resurvey No. of Trip: | Survey Fee: Transportation: |
| | | Add Fee | : Site Insp (\$ |)S +RS,SI |
| 2) | | Additee | : Interview (\$ |) Photos |
| Danast Format | | | : Tech. Invs (\$ |) Others |
| Report Format : | | | |) Ouldis |
| Lump Sum / I.B.I: (\$ | | .) | :Weekend (\$ | |

.

> Back to OneMotoring

Enquire Transfer Fee

| Vehicle Details Vehicle No.: | SJU2468S |
|--------------------------------|--|
| Vehicle Type : | P11 - Passenger Station Wagon/Jeep/Land Rover |
| Vehicle Attachment 1 : | With Sun Roof |
| Vehicle Scheme : | Normal |
| | |
| Vehicle Make : | HONDA AIRWAYE 1.5M SKYROOF A |
| Vehicle Model: | 1 WWW. 10 A A A A A A A A A A A A A A A A A A |
| Chassis No.: | GJ11308361 |
| Propellant: | Petrol |
| Engine No.: | L15A5210202 |
| Engine Capacity : | 1496 cc |
| Maximum Power Output: | 81.0 kW (108 bhp) |
| Maximum Laden Weight: | 1455 kg |
| Unladen Weight: | 1180 kg |
| Year Of Manufacture: | 2008 |
| Original Registration Date: | 25 Nov 2009 |
| Lifespan Expiry Date : | |
| COE Category: | A - Car (1600cc & below) |
| Quota Premium : | \$17,189.00 |
| COE Expiry Date : | 24 Nov 2019 |
| Road Tax Expiry Date: | 24 Nov 2018 |
| PARF Eligibility Expiry Date : | 24 Nov 2019 |
| Inspection Due Date : | 24 Nov 2018 |
| Intended Transfer Date : | 17 Oct 2018 |
| CO2 Emission : | |
| CO Emission : | |
| HC Emission : | |
| NOx Emission : | |
| PM Emission: | |
| | New 2019, You may repose the road tay from 25 Aug 2019 with all pre-requisite/s) fulfilled. If the road tay is |

The current road tax expiry is 24 Nov 2018. You may renew the road tax from 25 Aug 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 24 Nov 2018, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

| Amount Payable (From 25 Noy 2018 to 24 May 2019) | | | | |
|--|----------------------------|---------------------|---------------------------|--|
| | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) | |
| Transfer Fee : | 25.00 | | 25.00 | |
| Sub Total: | | | 25.00 | |
| Nett Road Tax Amount (After Offsetting Over Payment): | 341.00 | | 341.00 | |
| Total Amount Payable : | | | 366.00 | |

| rotair anount ajabie . | | | 000.00 | | |
|--|-------------------------|---------------------|------------------------|--|--|
| Amount Payable (From 25 Nov 2018 to 24 Nov 2019) | | | | | |
| | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) | | |
| Transfer Fee: | 25.00 | | 25.00 | | |
| Sub Total: | | | 25.00 | | |
| Nett Road Tax Amount (After Offsetting Over Payment) : | 682.00 | | 682.00 | | |
| Total Amount Payable : | | | 707.00 | | |
| | | | | | |

You may print this page for reference.

OK

Print