15/5/2010 INS. CASE OWN	wany perfor	CC 4/ Asm 180	20563/	Ufab LKK	V 1501 9	P
Surveyor:	MARM				Mulik	-
D	,			Date / Time : Registered in Merimen:	181110	-i.
Pre-assign / CC	D/FTE OB	L8788 U	os III a	~	1-1-0	_
Insured Vehicle	Ño. :	C 0 -00 V	Claim No.	(8m v	12 [13	2
Name of Insured			Policy No.			God
Insured Tel No.		HP:				V
Excess Sec II :SS		D.O.A: (9 11 18	Make / Mode			
Is driver the own			Place of Acc	ident:		
	()	Nature of Accident :				7
If NO, Driver No. Driver Te		(V/L: YES / NO.)	OI GIA REP	G	REPORT: YES / NO	
000 2791						
INSRS: WSP: Tel: Liability: RMKS:	INSF WSP Tel: Liabi	ility:	INSRS: WSP: Tel: Liability: RMKS:	A consequence of the consequence	INSRS: WSP: Tel: Liability:	
Date/ Time			AIVIAS.	House	RMKS:	
	S1438907 x	- 12 - 02 00		STAGE		
	2 CA 229 A - X	1 64 C 8 288	M-X	Non-Reporting ltr (1st):	DATE / PIC	
				Non-Reporting ltr (2nd):		
				Non-Reporting ltr (Final): Notification ltr (if non-picks	V	
				Call OI:	<u>ip);</u>	
				After call ltr to OI:		
				Documentation Check Lis		
				Notification ltr (if non-pickt	(p)	
				After call ltr to OI:		
				Authorisation To Act: Release Voucher;		
				Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
		12		LTA/GIA:		=
				Medical Bill:		12
				PIR:		1150
				Mandate/Reject Instruction	a:	
				LOD		
PRELIMINARY ADVICE	11 11 11	Sent By:		Payment Breakdown Forn Post-Repair Photos:	E.	
	KINI	0		Others:		-
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		Delica Maria
Repair Cost:	S\$ (days) Reduction:	%	Email	Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call		
Final Liability: Repair Cost:	% (Agreed	I / Assessed) BOLA S/N No. ;		If NO or B 28, Ass. Lia:		- 35
Loss of Rental (LOR):	S\$ (1.00				
Loss of Use (LOU):	S\$ (\$ x	days) days)				
Loss of Income (LOI):	S\$(\$ x					
LOR only LOU only		LOR + LOI [Tick only one	el			
GIA/LTA Search	S\$	Liter only on	o]			
Medical:	S\$			1) Claim status: Normal/R.	eject/Privota Catala	
Disbursement:	S\$	(e.g. Tow/ Independen	nt)	Report Format:	Door Hade Settle	
Legal Cost	SS			3) Survey fee:	ž,	
Total: FINAL PAYMENT	S\$	Global Sum S\$:				
	Date/Time:	Confirm with:		Email Call		
Payee 1: Payee 2: (Strike if N.A.)	S\$	Name 1:		E 0		
Payee 3: (Strike if N.A.)	S\$	Name 2:	1			
4 4 11 41)	1-4	Name 3:	1000	NEA STORES		

ASS. REC. BY: Marcus REF:	· AXA/
	ASSIGNMENT
*	S/1/3-A-2 12/-
From: Date:	Veh No: Yr Regn: / / /
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: KIA CARAR C.C 1688
at Workshop m/s RICD 6D	Colour S. A.C: Insured / Std / NI / NA
of	Sp.Reading 747 42 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/NO: KNAHU8LSVJ7/9378
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:	Modi: Nil //S/Rim / STD A/Rim or
Make of Vert.	1011
	Tyre Size: F: 905/55-R16
(Policy Condition)	R:
	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Nexen
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6, mm L/Bal. 6 mm
Est. Repairs: 3 days Res.: Yes or No	D.O.A. 10/11/18 D.O.I. 13/11/18
Lum Sum: 181 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS 2 14 60 12	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN /	2
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
ti: ly KS92402 A 4500 381.	90
11.	2898-99 with Kelvin.
Illes Confirmed fine & &	2898-99 with kelvin.
9	
3	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add	Fee: : Site Insp (\$)s+Rs,si
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$:Weekend (\$
Lump Jum (1.D.i. ()	. Weekend (*

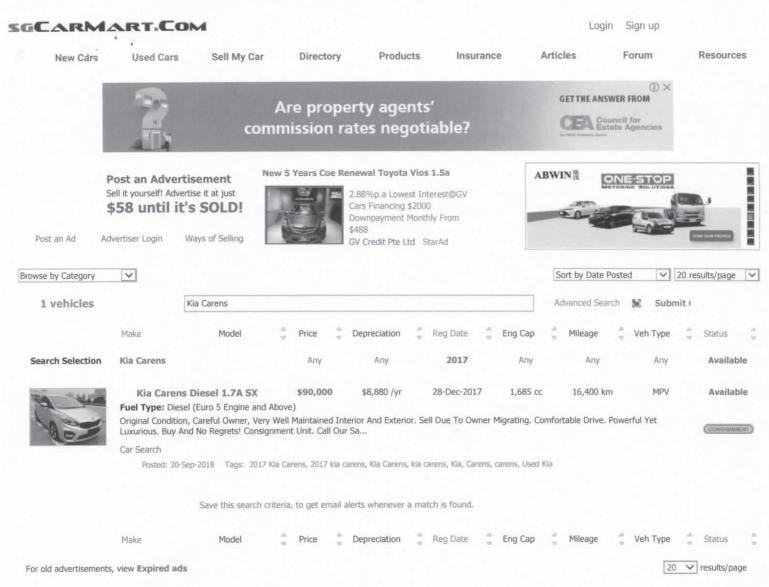
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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	5055D
Vehicle Details	
Vehicle No.:	SLV3580P
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Nov 2018
Vehicle Make:	KIA
Vehicle Model:	CARENS 1.7 DCT DIESEL 5DR FWD
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	D4FDHH109593
Chassis No.:	KNAHU815VJ7193760
Maximum Power Output:	104.0 kW (139 bhp)
Open Market Value:	\$19,822.00
Original Registration Date:	28 Dec 2017
First Registration Date:	28 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$14,822.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Dec 2027
PARF Rebate Amount:	\$11,116.00
Intended COE Rebate Details	
COE Expiry Date:	27 Dec 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,711.00
COE Rebate Amount:	\$48,989.00
Total Rebate Amount:	\$60,105.00

The information contained herein is correct as at 13 Nov 2018

ОК



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