INS. CASE OWNER:	CC 4/MG 180	11111	IDAC:	
Surveyor:	mypers DOI: ASSIGN		Date / Time : 76 11 / 18	
Surveyor.		P	Registered in Merimen:	11-18
Pre-assign / CCU / F	TE Can (22.2)			
	(mp 4777 K	Claim No. :		
Insured Vehicle No.	:	Claim 140.		
Name of Insured		Policy No.		
T I TING	: HP:	Make / Model :		
Insured Tel No.	D.O.A: \9, 11, 18	Place of Acciden		
Excess Sec II :S\$		Place of Acciden		
Is driver the owner?	(YES / NO) Nature of Accident :			
If NO, Driver Name	/ Age:	OI GIA REPORT	T: YES / NO ; TP GIA REPORT: Y	YES / NO
Driver Tel No		Insured Liability	: % Final? Yes/N	0
TA 10/0 v	20			
EBW 10/8 1	<u> </u>			
INCDC.	INSRS:	INSRS:	INSRS:	
INSRS: WSP: W	WSP:	WSP:	WSP:	
Tel:	Tel:	Tel:	H Tel:	
Liability:	Liability:	Liability:	Liability : RMKS:	
RMKS:	RMKS:	RMKS:	RMKS:	
Date/ Time				
	FBM 19(8M- X; SMD 47778.	X	STAGE I	DATE / PIC
	17.136		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: Handle	er Typist
			Notification ltr (if non-pickup)	
			After call ltr to OI:	
			Authorisation To Act:	
			Release Voucher:	
			Final Repair Bill:	
			Car Rental Invoice:	
			Towing Invoice	
			LTA / GIA :	
			Medical Bill:	
			PIR:	
			Mandate/Reject Instruction:	
			LOD	
			Payment Breakdown Form:	
RELIMINARY ADVICE	Date/Time: Sent By:		Post-Repair Photos:	
ALLEMANT ADVICE			Others:	
INALIZATION	Date/Time: Confirm with:		Confirm by:	
epair Cost:	S\$ (days) Reduction:	%		all
INAL SETTLEMENT	Date/Time: Confirm with		Email Call	
inal Liability:	% (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:	8
epair Cost:	S\$			
oss of Rental (LOR):	S\$ (days)			
oss of Use (LOU):	S\$ (\$ x days)			
	S\$ (\$ x days)			
oss of Income (LOI):		Inm		
	LOR + LOU LOR + LOI Tick only of	nej		
OR only LOU only	S\$ LOR + LOU LOR + LOI Tick only of	mej		in the Court
OR only LOU only	S\$ S\$		1) Claim status: Normal/Reject/Pr	ivate Settle
OR only LOU only IA/LTA Search Medical:	S\$		2) Report Format:	ivate Settle
LOU only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost	S\$ S\$			ivate Settle

Confirm with:

Name 1:

Name 2:

Name 3:

Date/Time:

S\$

S\$

S\$

Email

Call

Total:

Payee 1:

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

08/11/13) wef REF:	Acal
ASS. REC. BY: MEXICAS	CAR STANT
ASSIC	GNMENT
From: Date:	Veh No: FBM/Ptfm Yr Regn: 81/1
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: F3M/9(-8M)	Make: Yancha FINO c.c 114 Colour Blue A/C: Insured/Std/NI/NA
at Workshop m/s	Colour Blue A/C: Insured / Std / NI / NA
of	Sp.Reading /220 f T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: 4D0 670.667
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or Gffef
(Client's Record)	Brake: Morder Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim + STD A/Rim or
~/	Tyre Size: F: 1/0/90-12
(Policy Condition)	R: (10/70-12
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or TIMSUS
Bal. or Market Value:	Front Rear
DAG-Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. mm
GIA PR Seen: Consistent?: Yes or No	L/Bal. mm L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. 19/11/18 D.O.I. 26/11/18
Lum Sum: 3 Val.: Yes or No	Survey held at
/	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS L 7A 64 / Vehicle: IN / OUT	LN 10(530L)
Date: Person Contacted: 10 1 10 1	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
2 yrs.	
11 10 cont. 1 1/2 a 2000 de	0 410 -
HING CONFIRM MS & 2000 WIN	MR 780.
. 10	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
1) : Final Report Date/Time, File Return to?	Transportation:
Add Fe	e: : Site Insp (\$)S+RS,SI
2)	: Interview (\$) Photos
Penart Format	: Tech. Invs (\$) Others
Report Format :	:Weekend (\$
Lump Sum / I.B.I: (\$)	TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID:	4182J	
Vehicle Details		
Vehicle No.:	FBM1958M	
Vehicle to be Exported:	No	
Intended Deregistration Date:	26 Nov 2018	
Vehicle Make:	YAMAHA	
Vehicle Model:	FINO 115 A	
Primary Colour:	Brown	
Manufacturing Year:	2008	
Engine No.:	4D0670667	
Chassis No.:	4D0670667	
Maximum Power Output:	-	
Open Market Value:	\$1,884.00	
Original Registration Date:	11 Aug 2011	
First Registration Date:	11 Aug 2011	
Transfer Count:	3	
Actual ARF Paid: Intended PARF Rebate Details	\$283.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	-	
PARF Rebate Amount:	\$0.00	
Intended COE Rebate Details		
COE Expiry Date:	10 Aug 2021	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
QP Paid:	\$2,502.00	
COE Rebate Amount:	\$687.00	
Total Rebate Amount:	\$687.00	

The information contained herein is correct as at 26 Nov 2018

ОК