15/5/2010	Winnetto	CC 4/ Asm 180	72054,	LKK:	86498
INS. CASE OWNER:			MENT	J Ibro	1 1 .
	Ing	DOI:	Tille	Date / Time :	XIV is
Surveyor:	0		1, 1,	Registered in Merimen:	
Pre-assign / CCU /	FTE OLI	MINA			(I) a (M
	SICK	74274	Claim No.	Som	1015 RG
Insured Vehicle No.	:				
Name of Insured	:		Policy No.	:	
Insured Tel No.		HP:	Make / Model	:	
Excess Sec II :S\$		D.O.A : 6 17 8	Place of Accide	ent :	
Is driver the owner?	(YES / NO)	Nature of Accident :			
If NO, Driver Nam	e / Age :		OI GIA REPO	RT: YES / NO ; TP GIA R	EPORT: YES / NO
Driver Tel N	lo. :	(V/L: YES / NO)	Insured Liabilit	y: % Final	? Yes / No
(VX 2310	K				
24/	+				
INSRS: OMO III	MWN INSRS: WSP:		INSRS: WSP:	13 11	INSRS: WSP:
Tel: YVWW	Tel:	AA	Tel:	A-A	Tel:
Liability:	Liability	1/4 -1/1	Liability:	1077 -1071	Liability:
RMKS:	RMKS:		RMKS:	***************************************	RMKS:
Date/ Time	(, , , , , , , , , , , , , , , , , , ,			CTA CE	DATE (DIG
	SXX 2310K-X	: (XX 8462 A	- X	STAGE Non-Reporting ltr (1st):	DATE / PIC
				Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final): Notification ltr (if non-pickt	in).
				Call OI:	19):
				After call ltr to OI:	
				Documentation Check Lis	
				Notification ltr (if non-pickt	ip)
				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	on:
				LOD	
	D	01.		Payment Breakdown Form	m:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos: Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	S\$ (days) Reduction:	%	Email	Call
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	
Final Liability:		Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia:	
Repair Cost:	S\$ S\$	days)			
Loss of Rental (LOR): Loss of Use (LOU):	S\$ (\$ x	days)			
Loss of Income (LOI):	S\$ (\$ x	days)			
LOR only LOU only		OR + LOI [Tick only or	ne]		
GIA/LTA Search	S\$			Claim status: Normal/	Reject/Private Settle
Medical:	S\$ S\$	(e.g. Tow/ Independ	ent)	Report Format:	tojour muo ootio
Disbursement: Legal Cost	S\$	(v.g. rom maepena		3) Survey fee:	
Total:	SS	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:	H	Email Call	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2: Name 3:			
Payee 3: (Strike if N.A.)	S\$	Ndille J.	THE PERSON NAMED IN COLUMN 2 I		

ASSIGNMENT

From: Date:	Veh No: SKX2310/C . Yr Regn: 2015 OCT
Estimated Cost.	Type: 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: Lexus E5250 c.c 2484.
at Workshop m/s	Colour Black - A/C: Insured / Std / NI / NA
of	Sp.Reading 63298 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JT48J166002087402
Claims No.	Gen. Cond: God / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / ARim / STD A/Rim or
	Tyre Size: F: 215/55 Rt7.
(Policy Condition)	R: 215/55 RIT.
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
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	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. 07 12 18
Lum Sum: % 3 Val.: Yes or No	Survey held at Premium
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	

mv: 1181c .	
PV: 73.31c Nett: 44.71c	
Vatt 44.110	
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Ned 1 21 CC	
	Days Of Repair:
Date/Time, File Pass to? : Preli. Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Pass to? : Preli. Report 1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation:
Date/Time, File Pass to? : Preli. Report 1) : Final Report	Resurvey No. of Trip: Survey Fee: Transportation: S + RS S
Date/Time, File Pass to? : Preli. Report 1) Date/Time, File Return to? 2) Add Fee	Resurvey No. of Trip: Survey Fee: Transportation: Site Insp (\$)S+RSSI Interview (\$) Photos
Date/Time, File Pass to? : Preli. Report : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation: Site Insp (\$)S+RSSI

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars			
Owner ID Type:	Singapore NRIC		
Owner ID:	5642E		
Vehicle Details			
Vehicle No.:	SKX2310K		
Vehicle to be Exported:	Yes		
Intended Deregistration Date:	07 Dec 2018		
Vehicle Make:	TOYOTA		
Vehicle Model:	LEXUS ES250 A/T S/R		
Primary Colour:	Black		
Manufacturing Year:	2015		
Engine No.:	2ARF101864		
Chassis No.:	JTHBJ1GG002087402		
Maximum Power Output:	135.0 kW (181 bhp)		
Open Market Value:	\$36,191.00		
Original Registration Date:	30 Oct 2015		
First Registration Date:	30 Oct 2015		
Transfer Count:	0		
Actual ARF Paid:	\$42,668.00		
Intended PARF Rebate Details			
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	29 Oct 2025		
PARF Rebate Amount:	\$32,001.00		
Intended COE Rebate Details			
COE Expiry Date:	29 Oct 2025		
COE Category:	B - Car above 1600cc or 97kW (130bhp)		
COE Period(Years):	10		
QP Paid:	\$59,889.00		
COE Rebate Amount:	\$41,278.00		
Total Rebate Amount:	\$73,279.00		

The information contained herein is correct as at 07 Dec 2018





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