

INS. CASE OWNER:

CC3, EOI 180 22329, Uea3

LKK:  
IDAC:

Surveyor: MARCUS DOI: 14/12/18 Date / Time: 11/12/18  
Registered in Merimen: -

Pre-assign / CCU / FTE

YL 9606J



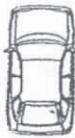
Insured Vehicle No. : \_\_\_\_\_ Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
Excess Sec II :SS \_\_\_\_\_ D.O.A : 10/12/18 Place of Accident : \_\_\_\_\_  
Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : \_\_\_\_\_ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SLF 208 A



INSRS:  
WSP: CR  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time

SLF 208 A - X ; YL 9606J - X

STAGE	DATE / PIC	
Non-Reporting Itr (1st):		
Non-Reporting Itr (2nd):		
Non-Reporting Itr (Final):		
Notification Itr (if non-pickup):		
Call OI:		
After call Itr to OI:		
Documentation Check List:	Handler	Typist
Notification Itr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
After call Itr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
PIR:	<input type="checkbox"/>	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
LOD	<input type="checkbox"/>	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>

<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
			Others:	<input type="checkbox"/>	<input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:		
Repair Cost:	S\$	( days) Reduction:	%	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time:	Confirm with	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :		
Repair Cost:	S\$				
Loss of Rental (LOR):	S\$	( days)			
Loss of Use (LOU):	S\$	(\$ x days)			
Loss of Income (LOI):	S\$	(\$ x days)			
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$				
Medical:	S\$				1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent)			2) Report Format:
Legal Cost	S\$				3) Survey fee:
<b>Total:</b>	S\$	<b>Global Sum S\$:</b>			
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			

Surround

REF: EQ1

### ASSIGNMENT

From: \_\_\_\_\_ Date: **14/12/18**

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: **SLE 208A**

at Workshop m/s: **Cycle & Carriage Fulco**

of: **330 ubi Road 3**

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: **2pm**

/	
N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

CA / PR Seen: **ca** Consistent? : Yes or No

Est. Repairs: **3** days Res.: Yes or No

Lum Sum: **1.31** % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS **up**

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: **SLE 208A** Yr Regn: **1.1/15**

Type: **CA** / M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or **CA**

Make: **KIA forte K3** c.c. **1591**

Colour: **white** A/C: Insured / Std / NI / NA

Sp. Reading: **76123** T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **KNAFX41MF5522252**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **In order** / Jammed / Leaked / Burnt or

Brake: **In order** / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **205/55R16**

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front **6** mm Rear **6** mm

R/Bal. **6** mm R/Bal. **6** mm

L/Bal. **6** mm L/Bal. **6** mm

D.O.A. **10/12/18** D.O.I. **14/12/18**

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or **o/s hof.**

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<b>LTA 50403</b>
	<b>have video of folder</b>

Date/Time, File Pass to?  : Preli. Report  : Final Report

1) \_\_\_\_\_

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format : \_\_\_\_\_

Lump Sum / I.B.I: (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee:  Site Insp (\$ \_\_\_\_\_)  Interview (\$ \_\_\_\_\_)  Tech. Invs (\$ \_\_\_\_\_)  Weekend (\$ \_\_\_\_\_)

S + RS. SI \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL \_\_\_\_\_

## &gt; Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5333H
Vehicle Details	
Vehicle No.:	SLE208A
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Dec 2018
Vehicle Make:	KIA
Vehicle Model:	FORTE K3 1.6A EX
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	G4FGFH796883
Chassis No.:	KNAFX411MF5522252
Maximum Power Output:	95.3 kW (127 bhp)
Open Market Value:	\$14,604.00
Original Registration Date:	06 Nov 2015
First Registration Date:	06 Nov 2015
Transfer Count:	0
Actual ARF Paid:	\$14,604.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Nov 2025
PARF Rebate Amount:	\$10,953.00
Intended COE Rebate Details	
COE Expiry Date:	05 Nov 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$57,301.00
COE Rebate Amount:	\$39,450.00
<b>Total Rebate Amount:</b>	<b>\$50,403.00</b>

The information contained herein is correct as at 17 Dec 2018

OK