15/5/2010 INS. CASE OWNER:		CC 6/ A16 1900	1040	Aea3 LKK:	
Surveyor:	DOI: ASSIG		-10	Date / Time :	1.8
Surveyor.			,	Registered in Merimen:	81119
Pre-assign / CCU /	FTE	. \/			
Insured Vehicle No.	SKZ 2	441E	Claim No.		
***				. —	
Name of Insured	:		Policy No.	· ———	
Insured Tel No.		HP:	Make / Model	:	
Excess Sec II :S\$		D.O.A: 30/12/18	Place of Accide	ent:	
Is driver the owner?	(YES / NO)	Nature of Accident :			
If NO, Driver Nam	e/Age:	90	OI GIA REPOR	RT: YES / NO ; TP GIA REPO	RT: YES / NO
Driver Tel N		(V/L: YES / NO)	Insured Liability	y: % Final? Y	es / No
SKN 31485	<u> </u>				
INSRS:	INSRS:		INSRS:	INSR	tS:
WSP: Chame	MSP:		WSP:	WSP	
Tel: Liability:	Tel: Liability	. # #	Tel: Liability:	Tel: Liabi	
RMKS:	RMKS:		RMKS:	RMK	
Date/ Time					
Date/ Time	Sw3148 (- X;	(KZ 2/8416- X		STAGE	DATE / PIC
	260 25 CR] - V	Noc redier		Non-Reporting ltr (1st):	DIMENTALO
				Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final): Notification ltr (if non-pickup):	
				Call OI:	
				After call ltr to OI:	
				Documentation Check List: H	andler Typist
	8			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:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
				Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	Call
Repair Cost:	S\$ (days) Reduction: Confirm with	%	Email Call	
FINAL SETTLEMENT	Date/Time: (Agreed /	Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:	
Final Liability: Repair Cost:	S\$	Assessed) BOLA 5/N No		II NO 01 D 20, Fiss. Liu .	
Loss of Rental (LOR):	S\$ (days)		***	
Loss of Use (LOU):	S\$ (\$ x	days)			
Loss of Income (LOI):	S\$ (\$ x	days)			
LOR only LOU only		OR + LOI [Tick only one]			
GIA/LTA Search Medical:	S\$.			1) Claim status: Normal/Rejec	t/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent	:)	2) Report Format:	
Legal Cost	S\$			3) Survey fee:	
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1:	S\$	Name 1:		· ·	

Name 2:

Name 3:

Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.) S\$

S\$

/11/13)	REF:					
MASTOL:						
	₹	ASSIGNMENT				
om:	Date:	Veh No:		Yr Regn: 2015 Sept		
stimated Cost:		Type: M.Car/	M.Cycle / Bus / Van / L	orry / Taxi / Prime Mover /		
O / TP / WS / TP RES / OD RES	/ EVA / INV / MV	Truck	/ Trailer or			
Inspect Vehicle No:		Make:	loyota A	A/C: Insured / Std / NI / NA T/Radio: Insured / Std / NI / NA		
Workshop m/s		Colour	Black.	A/C: Insured / Std / NI / NA		
TOTAL OF THE		Sp.Reading	236946.	T/Radio: Insured / Std / NI / NA		
		Eng/No:				
ilisuleu.			C/No: AGH303027521.			
		Gen. Cond:	600 / Fair / Poor / Burr	nt		
laims No.	Excess:	Steering: Ma	rder / Jammed / Leaked	d/Burnt or		
um Insured:	LAUGOO.		rder / Jammed / Leaked			
(Client's Record)			Modi: Nil (S/Rim) / STD A/Rim or			
Make of Veh:			Tyre Size: F: 235/50 P48			
		Tyle Size.	R: 235/	150 R18.		
(Policy Condition)	NIC	O/S BS / DUN / B		AMIC OHTSU / PIR / SUMI /		
emark: The veh had commen		TOYO / YO				
repair at the time of it	ispection.		NO 01	Pear		
Bal. or Market Value:	,	Front R/Bal.	/	Rear R/Bal. 06 mm		
IDAC Accident Rport: Consistent? : Yes or No			06 mm	26		
GIA / PR Seen: Consistent? : Yes or No			26 mm	D.O.I. 31/12/18		
Est. Repairs: days Res.: Yes or No				7 / 1.0		
_um Sum:	3 Val.: Yes or No	Survey held				
CA / REV / REP. / 24 h	IRS	Des. of Dan		S / N/S / U/C / Rooftop or		
	Vehicle: I	TUO / N	Frant 0			
Date: Person (Contacted:	The U/C	/ Chassis frame / Bo	ody Structure affected due to collision		
Date / Time Action / Instr	uction					
TTA	16).					
		The second				
	_					
	B	Days Of R	enair:			
Date/Time, File Pass to?	: Preli. Report			Survey Fee:		
1)	: Final Report	Resurvey	No. of Trip:	Transportation:		
Date/Time, File Return to?	Λ.	dd Fee: Site	e Insp (\$)S+RS,SI		
2)	A	Barrage and	erview (\$) Photos		
			ch. Invs (\$) Others		
Report Format:		parameter .	eekend (\$			
Lump Sum / I.B.I: (\$				1		

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

8862A Owner ID:

Vehicle Details

Vehicle No.: SKV3148S

Vehicle to be Exported: Yes

Intended Deregistration Date: 31 Dec 2018 Vehicle Make: TOYOTA

Vehicle Model: ALPHARD 2.5SC PACKAGE

CVT ABS 2WD 5DR

Primary Colour: Black Manufacturing Year: 2015

Engine No.: 2ARH592457 Chassis No.: AGH300027521 Maximum Power Output: 134.0 kW (179 bhp)

Open Market Value: \$37,574.00 Original Registration Date: 10 Sep 2015 First Registration Date: 10 Sep 2015

Transfer Count:

Actual ARF Paid: \$44,604,00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 09 Sep 2025 PARF Rebate Amount: \$33,453.00

Intended COE Rebate Details

COE Expiry Date: 09 Sep 2025

COE Category: E - Open Category

COE Period(Years): 10 QP Paid: \$61,001.00 COE Rebate Amount: \$40,819.00

Total Rebate Amount: \$74,272.00

The information contained herein is correct as at 31 Dec 2018

OK