INS, CASE OWNER		CC4/66/ 19	000 07/3	DAC:	
IND. OF DE OWNER.	(1)		GNMENT	1 /	1 1.0
Surveyor:	Mil	DOI:		Date / Time :	100
Pre-assign / CCU /	FTE YN 98	79 C		Registered in Merimen:	
Insured Vehicle No.	. :	100	Claim No.	:	
Name of Insured	1 2 2 2		Policy No.		
Insured Tel No.		HP:	Make / Model		
Excess Sec II :S\$		D.O.A: 9/1/19	Place of Acci		
Is driver the owner?	? (YES / NO)	Nature of Accident:			
If NO, Driver Nam Driver Tel N		(V/L: YES / NO-)	OI GIA REPO	ORT: YES / NO ; TP GIA REPOR	
SJX 8810	6				
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:	INSRS WSP: Tel: Liabiliti RMKS	ty:
Date/ Time		181 ^d =			
6	51×8810 h-x	; YN 9879 (- X	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final):	DATE/PIC
-				Notification ltr (if non-pickup): Call OI:	
				After call ltr to OI:	
				Documentation Check List: Han	ndler Typist
				Notification ltr (if non-pickup)	
				After call ltr to OI:	
				Authorisation To Act: Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	120 5/
To the second second				Towing Invoice	
				LTA / GIA :	
				Medical Bill: PIR:	(70)
	S		Line and XIII	Mandate/Reject Instruction:	
N N				LOD	
DDEL HELLI DAL I DALLO				Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/1 ime:	Sent By:		Post-Repair Photos:	
FINALIZATION	Date/Time:	Confirm with:		Others: Confirm by:	
Repair Cost:	0.0	days) Reduction:	%		Call
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	
Final Liability:		Assessed) BOLA S/N No. :	2	If NO or B 28, Ass. Lia:	
Repair Cost: Loss of Rental (LOR):	S\$ S\$ (dana			
Loss of Use (LOU):	S\$ (\$ x	days)			
Loss of Income (LOI):	S\$ (\$ x	days)			
LOR only LOU only		R + LOI [Tick only	one]		
GIA/LTA Search	S\$				
Medical:	S\$			1) Claim status: Normal/Reject/P	rivate Settle
Disbursement: Legal Cost	S\$ S\$	(e.g. Tow/ Indepen	ndent)	Report Format: Survey fee:	
Total:		Global Sum S\$:	18.	3) Survey Icc.	2 110
FINAL PAYMENT		Confirm with:		Email Call	
Payee 1:	S\$	Name 1:		F	
Payee 2: (Strike if N.A.)		Name 2:		4.6	1
Payee 3: (Strike if N.A.)	S\$	Name 3:	,,		

From (Person) Stave Him	ASSIGNMENT (Office) of EGI Bill to:	Dete/Time: 411/19310	ssam
OD (TP) WS / TP RES / OD RES / EVA To Inspect Vehicle No: at Workshop m/s	SIX8810G SE Econocyc Ind.	Tel: 91865112	-
of	Claim No:		-
Sum Insured:	Excess:	D.O.A. 901/2019	11.
Make of Veh: (Client's Record) CA / REV / REP. / REV 24 HRS Date/Time: 11:0 Samo 14 11 19 Po	Person Contacted: Alan	H.O.D. Endorsement	
Date/Time Action/Instruction () Estimate		
SJX 8810G-X			
	ed via email pyl	4'00	

REF: ERGO ASSIGNMENT Veh No: SJX 88/CG Yr Regn: 204 / Jan. Date: From: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD (TP) WS / TP RES / OD RES / EVA / INV / MV Mercedes Benz Cl& c.c 1595

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

35604 T/Radio: Insured / Std / NI / NA Make: To Inspect Vehicle No Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading of Eng/No: Insured: WD 02050402 R205505 C/No: Policy No. Gen. Cond: Good) Fair / Poor / Burnt Claims No. Steering: Inoxder / Jammed / Leaked / Burnt or Sum Insured: Excess: Inorder / Jammed / Leaked / Burnt or (Client's Record) Nil /S/Rim / STD A/Rim or Modi: Make of Veh: 225/50KA Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / N/S O/S Remark: The veh had commenced its repair at the time of inspection. TOYO / YOKO or \$ 130K Rear Front Bal. or Market Value: R/Bal. Consistent?: Yes or No R/Bal mm IDAC Accident Rport mm L/Bal. L/Bal. Consistent?: Yes or No mm mm GIA / PR Seen: D.O.I. D.O.A. Res.: Yes or No Est. Repairs: days 3 Val.: Yes or No Survey held at Lum Sum: O/S / N/S / U/C / Rooftop or Des. of Damages : Frt / Rear CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: Date: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Date/Time, File Pass to? Preli. Report Days Of Repair: Survey Fee: Resurvey No. of Trip: Final Report Transportation Date/Time. File Return to? Site Insp (\$) __S+RS__SI Add Fee: Interview (\$) Photos Tech. Invs (\$) Others Report Format: Weekend (\$ Lump Sum / I.B.I: (\$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particu	llars
Owner ID Type:	Company
Owner ID:	1821K
Vehicle Details	
Vehicle No.:	SJX8810G
Vehicle to be Exported:	No
Intended	15 Jan 2019
Deregistration Date:	
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C180 AVANTGARDE
	(R17 LED)
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	27491030691991
Chassis No.:	WDD2050402R205505
Maximum Power	115.0 kW (154 bhp)
Output:	
Open Market Value:	\$36,548.00
Original Registration Date:	11 Jan 2017
First Registration Date:	11 Jan 2017
Transfer Count:	0
Actual ARF Paid:	\$38,168.00
Intended PARF Rebate	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Jan 2027
PARF Rebate Amount:	\$28,626.00
Intended COE Rebate D	
COE Expiry Date:	10 Jan 2027
COE Category:	B - Car above 1600cc
	or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,001.00
COE Rebate Amount:	\$42,329.00
Total Rebate Amount:	\$70,955.00

The information contained herein is correct as at 15 Jan 2019

ОК