	15/5/2010		16.	11.1	1600	Kp43	LKK:		
	INS. CASE OWNER		CC 4/	1900		Man	IDAC:		
	Surveyor:	Cennel	M DO	ASSIGNME	NT G	Date / Time : _	195	119	10
						Registered in Mer	imen:	nel	114
	Pre-assign / CCU /	PC 81	1.0-12						
	Insured Vehicle No	108.	184	_	Claim No.	:			- 0
	Name of Insured				Policy No.	:			MX
	Insured Tel No.		HP: _ 4	T	Make / Model				
	Excess Sec II :SS		D.O.A: 13 11 19		Place of Accident:				
	Is driver the owner? (YES / NO)		Nature of Acc	ident:	I lace of Accide				
	If NO, Driver Name / Age :				OLCIA REPOR	T. VEC /NO. TE	OI A DEDODE		
	Driver Tel No. :		12		Insured Liability	ORT: YES / NO; TP GIA REPORT: YES / NO ity: % Final? Yes / No			
	SHO 4640			→			→		
	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:	y:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability RMKS:	·:	
	Date/ Time								
		Sm 4640-03/HW	N/2 Mg.	315 Claz: 46	4: 11.1.7	STAGE		DATE /	PIC
		-613/61	1 (4006	1 4 4	V68.26/114	Non-Reporting ltr (2 Non-Reporting ltr (2			
		-(c)(A)	4130000	illebras in	015: 913-13	Non-Reporting ltr (I			
45		resur.x				Notification ltr (if no Call OI:	on-pickup):		
2						After call ltr to OI:			
						Documentation Ch		ller Ty	pist
						Notification ltr (if no	on-pickup)		
				+		After call ltr to OI: Authorisation To A	***	_	
						Release Voucher:	λ.,		
6						Final Repair Bill:			
8						Car Rental Invoice:		- 2	
						Towing Invoice			
		*				LTA / GIA :			
						Medical Bill: PIR:			- 2
						Mandate/Reject In	etruction:		
						LOD	Sit uction.		
						Payment Breakdov	vn Form:		
PRELIM	IINARY ADVICE	Date/Time:	Sent	t By:		Post-Repair Photo	s:		
						Others:			
FINALIZ		Date/Time:		firm with:	9/	Confirm by:	T	2-11	7
Repair Co	SETTLEMENT	S\$ (Date/Time:	days) Red Confirm with	uction;	%	Email Call		Call	
Final Lial			Assessed) BOI	A S/N No ·		If NO or B 28, As			
Repair Co		S\$	115505504) 1501	DI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1110 01 15 150, 115	J. 1314 .		
	ental (LOR):	S\$ (days)				248		
Loss of U	Ise (LOU):	S\$ (\$ x	days)						
	ncome (LOI):	S\$ (\$ x	days)	7					
LOR only			OR + LOI	[Tick only one]					
GIA/LTA Medical:	Search	S\$. S\$				1) Claim status: N	ormal/Reject/Pr	ivate Sett	le
Disburser	ment:	S\$	(e g	. Tow/ Independent)		2) Report Format:	Januar Rojoou I I	5011	
Legal Cos		S\$	(18)	,		3) Survey fee:			
Total:		SS .	Global Sum S	s:					
FINAL P	PAYMENT	Date/Time:	Confirm with:			Email Call			
Payee 1:		S\$	Name 1:						
	(Strike if N.A.)	S\$	Name 2:						
Payee 3: ((Strike if N.A.)	S\$	Name 3:	THE SHOP SHOW			MANAGEM PLANE STATE		

Zirvillat	REF: I		The second second
Survive	ASS	IGNMENT	
From.	Date: 2410112019	Veh No Type: M.Car / M.Cycle / Bus / Van / Le	if Kegii.
Estimated Cost.	o resta timo cama	Truck / Trailer or	
OD TP WS / TP RES / OD RE	[[일본 [] - [] - [] - [] - [] - [] - [] - []	Make: Renout La	215 Tude 00 1985
	3HD 464D	Colour M. White 1 hrs	
at Workshop m/s	Transcab	0 1.1.	
NO.7	AMK St. 63		TAXAGO, INSUIGOT STOTAT HA
Insured.		Eng/No:	L 15 AUC 28324
Policy No.			
Claims No.		Gen. Cond: Good Fair / Poor / Burn	
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked	
(Client's Record)		Brake: Inorder / Jammed / Leaked	
Make of Veh:		Modi: MIL/S/Rim / STD A/Rim o	
		Tyre Size: F:	215/60R16
(Policy Condition)		R:	
Remark: The veh had commend		BS / DUN / EXNOVA / GY / FS / LIZA	
repair at the time of ir	rspection.	TOYO/YOKO or	Giri
Bal, or Market Value:		Front	Rear
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal. mm	R/Bal. mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. & mm	L/Bal. mm
Est Repairs: 03 da	ays Res.: Yes or No	D.O.A. 23/1/19	D.O.I. 28/1/19
Lum Sum: 1-8.1%	3 Val.: Yes or No	Survey held at	
	Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S N/S Rear bo	/ N/S / U/C / Rooftop or
Date: Person C	Contacted:		y Structure affected due to collision.
Date / Time Action / Instru	uction		*
11			
Date/Time, File Pass to?	Preli. Report	Days Of Repair:	r
1)	Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?			Transportation
2)	Add Fe	Reconstruction of the second)S+RSSI
		Interview (\$) Photos
Report Format :		Tech. Invs (\$	Others -
Lump Sum / I.B.I: (\$		Weekend (\$.).+

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	3878K
Vehicle No.:	SHD464D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	23 Jan 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003131
Chassis No.:	VF1ABL15AUC283247
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	07 Aug 2017
First Registration Date:	07 Aug 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$19,998.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Aug 2025
PARF Rebate Amount: Intended COE Rebate Details	\$14,998.00
COE Expiry Date:	06 Aug 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,320.00
COE Rebate Amount:	\$29,056.00
Total Rebate Amount: Message	\$44,054.00
Please note that the 8-year COE for this vehicle cannot vehicle reaches its statutory lifespan (if applicable), which	be further renewed. The vehicle must be de-registered upon COE expiry or when the chever is earlier.

The information contained herein is correct as at 23 Jan 2019