INS CASE OWNER:	Kr	CC 4, ASM 180	2139, Kpa3	LKK: 96814	
	VII	ASSIGNMI	INT	.12/10	
Surveyor:	fro		Date / Time :	117(19	
Pre-assign / CCU /	FTE		Registered in	Merimen:	-
Insured Vehicle No.	Shx 6	STATE	Claim No. :	samolices	1
Name of Insured					VX
N III			Policy No. :		
Insured Tel No.		HP:	Make / Model :		
Excess Sec II :S\$		D.O.A: 3111119	Place of Accident:		
Is driver the owner?	(YES / NO)	Nature of Accident :			118
If NO, Driver Nam Driver Tel N		(V/L: YES / NÕ;)	OI GIA REPORT: YES / NO Insured Liability: %	; TP GIA REPORT: YES / NO 6 Final? Yes / No	
SJF Choy	A		,	2 Ithat : 103/140	
30 7					
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:	E 8 - 0 19	INSRS: WSP: Tel: Liability:	INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time					
	MOVA MIN	416210762/41/261-	ACA - LA STAGE	DATE/PIC	
	CU 1202 d ale	100,400,424	Non-Reporting		
	SIX FALL USLA	CHANGE WEDGED HAME	Non-Reporting		
			Notification ltr	r (if non-pickup):	
			Call OI:		
			After call ltr to		- 3
			DOLLAR STATE OF THE PARTY OF TH	on Check List: Handler Typist (if non-pickup)	
			After call ltr to		
			Authorisation		
			Release Vouch	ier:	-
			Final Repair B	ill:	
			Car Rental Inv		
			Towing Invoic	e	
	*		LTA/GIA:		
			Medical Bill: PIR:		
				ect Instruction:	1 225
			LOD	SCI INSTRUCTION:	
				akdown Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair F		
			Others:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	19	
Repair Cost:	S\$ (days) Reduction:	%	Email Call	
FINAL SETTLEMENT Final Liability:		Confirm with	Email	Call	9
Repair Cost:	% (Agreed/	Assessed) BOLA S/N No. ;	If NO or B 2	8, Ass. Lia:	
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	S\$				
Medical:	S\$		1) Claim stat	us: Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report For		
Legal Cost Total:	SS SS	Clobal Sum SS.	3) Survey fee	# 1	
FINAL PAYMENT	Date/Time:	Global Sum S\$: Confirm with:	T. 11	0-11	
Payee 1:	S\$	Name 1:	Email	Call	
Payee 2: (Strike if N.A.)		Name 2:			
Payee 3: (Strike if N.A.)	NOTES AND ADDRESS OF THE PARTY	Name 3:	1		

			4 16	-		6.00
3 K	6 /	Pacin	1 1	1-1	14	3
-	 1 6 1	1.79	1 1/2	4	74	8

	Date: 12/2/201	9 Veh No STF 5604A	Yr Regn. 06 08
From:	Date: 1-1-1	Type M.Car / M.Cycle / Bus / Van / L	orry / Taxi / Prime Mover /
Estimated Cost.		Truck / Trailer or	Tele John S
OD TP WS / TP RES / OD		Make Hunda	Fiy 00 1339
To Inspect Vehicle No:	SJF 5604A		A/C: Insured / Std / NI / NA
at Workshop m/s	Complete VMS g Dave + 03-14	Sp.Reading 184292	
176 Sin Min	g Drive # 03-14		
Insured:		Eng/No:	FE6 107584;
Policy No.			
Claims No.		Gen. Cond: Good Fair / Poor / Burn	
. Sum Insured:	Excess:	Steering: Inorder? Jammed / Leaked	
(Client's Record)		Brake: Inocder / Jammed / Leaked	
Make of Veh:		Modi: Nil / SKim / STD A/Rim	or 17-1-
		Tyre Size: F:	1751 FOR14
(Policy Condition)		R:	
Remark: The veh had com	menced its N/S	O/S DUN / EXNOVA / GY / FS / LIZ/	A / MIC / OHTSU / PIR / SUMI /
repair at the time		TOYO / YOKO or	
		Front	Rear
	Consistent?: Yes or No	R/Bal. 4 & mm	R/Bal. 3 mm
IDAC Accident Rport:		L/Bal. 4, mm	L/Bal. 3 mm
GIA / PR Seen:	Consistent? : Yes or No	D.O.A. 31/1/18	D.O.I. 12/2/19
	days Res.: Yes or No		1/
	9 % 3 Val.: Yes or No	Survey held at	D I N/C I II/C / Poofton or
CA / REV / REP. /	24 HRS Up)	Des. of Damages : Frt Rear / O/S	S / N/S / d/C / Roonop of
6'73	Vehicle:	IN / UU I	ody Structure affected due to collision.
Delic.	Instruction		•
Date / Time Action /	ITISHUGION		
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:	
1)	: Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?			Transportation
2)	A	Add Fee: Site Insp (\$) _\$+R\$SI
		Interview . (\$) Photos
Report Format :		Tech Invs (\$) Others
Lump Sum / I.B.I: (\$		Weekend (\$	•

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	17851
Vehicle No.:	SJF5604A
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Feb 2019
Vehicle Make:	HONDA
Vehicle Model:	FIT 1.3G A
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	L13A4084513
Chassis No.:	GE61075847
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$11,970.00
Original Registration Date:	03 Jun 2008
First Registration Date:	03 Jun 2008
Transfer Count:	2
Actual ARF Paid: Intended PARF Rebate Details	\$11,970.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	02 Jun 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$19,107.00
COE Rebate Amount:	\$16,447.00
Total Rebate Amount: Message	\$16,447.00

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 13 Feb 2019

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