INS. CASE OWNER		cc4/16/1	900 3005 /	K pa3 IDAG	
ING. ONDE OWNER	1	ASSI	IGNMENT		1M2/1.0
Surveyor:	Ker	DOI:	20/1/19	Date / Time :	1811/19
				Registered in Merimen:	18/2/9
Pre-assign / CCU	FTE	Aver			
Insured Vehicle No	St. 8	17 AF	Claim No.		
***					lot
Name of Insured	·		Policy No.		00
Insured Tel No.	·	HP:	Make / Model		
Excess Sec II :S\$		D.O.A: \$0/1/7	Place of Accid	ent:	
Is driver the owner	? ( YES / NO )	Nature of Accident :			
If NO, Driver Nan	ne / Age :		OI GIA REPO	RT: YES / NO ; TP GIA I	REPORT: YES / NO
Driver Tel 1	No. :	(V/L: YES / NO)	Insured Liabili	ty: % Fina	1? Yes/No
SGRUJY	R		m.		
INSRS: WSP: NK	Who I INSRS: WSP:		INSRS: WSP:		INSRS; WSP:
Tel:	Tel:	1-1	Tel:	1 1	Tel:
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RMKS:	RMKS		RMKS:		RMKS:
Date/ Time					
	SWRVING R.X;	CLUB8984 E	, X	STAGE	DATE / PIC
		5.1		Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	
101	Α	,		Non-Reporting ltr (Final):	
(8)	MM MI	11(am - )	Vm -	Notification ltr (if non-pick	up):
		(00		Call OI: After call ltr to OI:	
				Documentation Check Lis	st: Handler Typist
				Notification ltr (if non-pick	rup)
		l l		After call ltr to OI:	
				Authorisation To Act: Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	
				Towing Invoice	
	Pha III at			LTA / GIA :	
				Medical Bill:	
				PIR:	
				Mandate/Reject Instruction LOD	on:
				Payment Breakdown For	m:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
				Others:	
FINALIZATION	Date/Time:	Confirm with:	0/	Confirm by:	
Repair Cost: FINAL SETTLEMENT	S\$ ( Date/Time:	days) Reduction: Confirm with	%	Email Call	I Call
Final Liability:		Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:	
Repair Cost:	S\$	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Loss of Rental (LOR):	S\$ (	days)			
Loss of Use (LOU):	S\$ (\$ x	days)			
Loss of Income (LOI):  LOR only LOU only	S\$ (\$ x	days) OR + LOI [Tick onl	ly onel		
LOR only LOU only GIA/LTA Search	S\$	OK LOI TICKOM	ij onej		
Medical:	S\$			1) Claim status: Normal/	Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Indep	pendent)	2) Report Format:	
Legal Cost	S\$	CI-1-10 CO		3) Survey fee:	
Total:	S\$	Global Sum SS: Confirm with:		Email Call	
FINAL PAYMENT	Date/Time:		): " ): " ): "	Ellian Call	
Payee 1:	S\$ S\$	Name 1: Name 2:		4	
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	S\$	Name 3:			
a ajoe o (oune u rana)					

Date/Time, File Pass to?	: Preli. Report		Days	Of Repair:				
1)	: Final Report		Resu	rvey No. of T	rip:		Survey Fee:	
Date/Time, File Return to?							Transportation	1
2)			Add Fee:	: Site Insp	(\$	,	)S +R\$SI	
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\$10,730 /yr

29-Apr-2010 =

2010

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\$31,999

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SUV

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\$38,800

\$12,090 /vr

29-Jul-2010

3,498 cc

81,700 km

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**Enquire PARF/COE Rebate for Registered Vehicle** 

quire PARF/COE Rebate for Registered Vehicle						
Vehicle Owner Particulars	Foreign Identification Number					
Owner ID Type:	5449U					
Owner ID:	34470					
Vehicle Details	SGR2174R					
Vehicle No.:	No.					
Vehicle to be Exported:	31 Jan 2019					
Intended Deregistration Date:	NISSAN					
Vehicle Make:	MURANO 2.5 CVT ABS D/AB 2WD 5DR GAS/D SR					
Vehicle Model:	Brown					
Primary Colour:	2010					
Manufacturing Year:	QR25966695A					
Engine No.:	TZ51000923 125.0 kW (167 bhp) \$41.054.00					
Chassis No.:						
Maximum Power Output:						
Open Market Value:	23 Dec 2010					
Original Registration Date:	23 Dec 2010					
First Registration Date:	1 \$41,054.00 Yes 22 Dec 2020					
Transfer Count:						
Actual ARF Paid: Intended PARF Rebate Details						
PARF Eligibility:						
PARF Eligibility Expiry Date:						
PARF Rebate Amount: Intended COE Rebate Details	\$22,579.00					
COE Expiry Date:	22 Dec 2020 E - Open Category					
COE Category:						
COE Period(Years):	10					
QP Paid:	\$46,001.00 \$8,610.00					
COE Rebate Amount:						
Total Rebate Amount:	\$31,189.00					

The information contained herein is correct as at 31 Jan 2019

ОК