

INS. CASE OWNER:

RA

CC 4, ASM 1900 4904, Jha3

IDAC:

104840

ASSIGNMENT

Surveyor:

OHG

DOI:

19/3/19

Date / Time :

18/03/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKT 4015X

Claim No. : 59M01H26

Grx

Name of Insured : Amy Wei Jiny

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : 15/3/2019

Place of Accident :

Is driver the owner? ( YES / NO ) Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHC 4202



INSRS: WSP: Tel: Liability: RMKS: SMRT, WL



INSRS: WSP: Tel: Liability: RMKS:



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INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	STAGE	DATE / PIC
18/3	SHC 4202 - 163/16616008610/1646392; 009: 615/16 SKT 4015X - X OINR. Cost out 1st left.	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: Sent By: Confirm with: Confirm by:

Repair Cost: S\$ ( days) Reduction: % ' Email  Call

**FINAL SETTLEMENT** Date/Time: Confirm with: Email  Call

Final Liability: % (Agreed / Assessed) BOLA S/N No. : If NO or B 28, Ass. Lia :

Repair Cost: S\$

Loss of Rental (LOR): S\$ ( days)

Loss of Use (LOU): S\$ (\$ x days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]

GIA/LTA Search: S\$

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost: S\$

**Total:** S\$ **Global Sum S\$:**

**FINAL PAYMENT** Date/Time: Confirm with: Email  Call

Payee 1: S\$ Name 1: \_\_\_\_\_

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

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



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	5369K
Vehicle Details	
Vehicle No.:	SHC4210Z
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Mar 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2013
Engine No.:	2ZR5913158
Chassis No.:	JTDKN36U805709459
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$33,120.00
Original Registration Date:	29 Nov 2013
First Registration Date:	29 Nov 2013
Transfer Count:	0
Actual ARF Paid:	\$8,368.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Nov 2021
PARF Rebate Amount:	\$5,857.00
Intended COE Rebate Details	
COE Expiry Date:	28 Nov 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$63,297.00
COE Rebate Amount:	\$21,230.00
<b>Total Rebate Amount:</b>	<b>\$27,087.00</b>
Message	
Please note that the 8-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 22 Mar 2019

OK