INS. CASE OWNER	PA	CC 4/ Asm 1900	5091/	J tas IDAC:	105316
IND. CABL OWNER	MM	ASSIGN		1	12/10
Surveyor:	000		hala	Date / Time :	0/4/19
			.1.	Registered in Merimen:	
Pre-assign / CCU /	FTE	/		camall	r.(
Insured Vehicle No	XD 1951	AY.	Claim No.	samolt	15
Name of Insured	AREN CONTRAI	TOR M PL			OX.
	: 111 90 001 1 1	1001-11	Policy No.	•	
Insured Tel No.		HP:	Make / Model	:	
Excess Sec II :S\$		D.O.A: (8/5/19	Place of Accid	lent:	
Is driver the owner	? (YES / 100)	Nature of Accident :			
If NO, Driver Nam	ne / Age :		OI GIA REPO	RT: YES / NO ; TP GIA RE	PORT: YES / NO
Driver Tel 1	No. :	(V/L: YES / NO-)	Insured Liabili	ty: % Final?	Yes / No
5485825			2 1		parent 19
INSRS: WSP: Conc.W	INSRS: WSP:		INSRS: WSP:	B B	ISRS: 'SP:
Tel: S	Tel: Liability	. HH	Tel:	n n	el:
RMKS:	RMKS:		Liability : RMKS:	1V7 -W1	ability : MKS:
Date/ Time					71.50
7	ar man C. A			STAGE	DATE / PIC
	24978 13 X:	XP1959Y, X	2 5 1	Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd): Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup)	):
-				Call OI:	
				After call ltr to OI:	
				Documentation Check List:	
				Notification ltr (if non-pickup)  After call ltr to OI:	
				Authorisation To Act:	
				Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	7 7 125 74 41-
				Towing Invoice	
				LTA / GIA : Medical Bill:	
				PIR:	
				Mandate/Reject Instruction:	
				LOD	
PRELIMINARY ADVICE	D. t. (Tr)	g 17		Payment Breakdown Form:	
RELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos: Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	0.0	days) Reduction:	% '	Email	Call
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	
Final Liability:		Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia:	
Repair Cost:	S\$	4 3			
Loss of Rental (LOR): Loss of Use (LOU):	S\$ ( S\$ (\$ x	days)			
Loss of Income (LOI):	S\$ (\$ x	days)			
OR only LOU only		R + LOI [Tick only one	e]		
GIA/LTA Search	S\$			2 2 2	
Medical:	S\$	( m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		1) Claim status: Normal/Re	ect/Private Settle
Disbursement: Legal Cost	S\$ S\$	(e.g. Tow/ Independen	nt)	Report Format:     Survey fee:	
Fotal:		Global Sum S\$:		2) 541 101	
FINAL PAYMENT		Confirm with:		Email Call	
Payee 1:	S\$	Name 1:			
Payee 2: (Strike if N.A.)		Name 2:		Ч	T)
Payee 3: (Strike if N.A.)	S\$	Name 3:	A-19011111111111111111111111111111111111		

		REF:	1
Sirvenor Has	· Tie	KEF:	AXA

## ASSIGNMENT

From: Date:	Veh No. S65582S Yr Regn: 30 Sept 2616
Estimated Cost:	Type: M.Car / M.Cycle / Que / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Volvo B9LT c.c 9364.
at Workshop m/s	Colour Multi Colour A/C: Insured / Std / NI / NA
ot	Sp.Reading (26827 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: YV 354 P929GA 17 9848
Claims No.	Gen. Cond; Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 275/70R22-5
(Policy Condition)	R: -
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Continental
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 7 mm L/Bal. 7 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 18/3/19 D.O.I. 21/3/19
Lum Sum: % 3 Val.: Yes or No	Survey held at Sww 4
CALL DEV. L DED. L CALIDO	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
The state of the s	
	,
Date/Time. File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time. File Return to?	Transportation:
Add Fee	e:: Site Insp (\$
	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (\$	: Weekend (\$
	TOTAL

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

uire PARF/COE Rebate for Registe Phicle Owner Particulars		
wner ID Type:	Company	
wner ID:	2292D	
ehicle Details	SG5582S	
ehicle No.:	No	
ehicle to be Exported:	22 Mar 2019	
tended Deregistration Date:	VOLVO B9TL 9.4L AUTO TURBO ABS	
ehicle Make:		
ehicle Model:		
rimary Colour:	Multi-Colour	
Nanufacturing Year:	2016 D9195508 YV3S4P929GA179848	
ingine No.:		
Chassis No.:		
Maximum Power Output:	-	
Open Market Value:	\$505,887.00	
Original Registration Date:	30 Sep 2016 30 Sep 2016 1	
First Registration Date:		
Transfer Count:		
Actual ARF Paid:	\$0.00	
Intended PARF Rebate Details		
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount:	\$0.00	
Intended COE Rebate Details	40.00	
COE Rebate Amount:	\$0.00	
Total Rebate Amount:	\$0.00	

The information contained herein is correct as at 22 Mar 2019

ОК