| INS. CASE OWNER  |  | CC 4/ 11/ 19   | 1 2589 000   | Hens DAC:  |                                     |                |
|--|--|--|--|--|-------------------------------------|----------------|
| Surveyor:  | mp   | DOI:   | GNMENT (A  | Date / Time :  | 1414                                |                |
|  | 21   |  |  | Registered in Merimen:   | 17/4/19                             |                |
| Pre-assign / CCU   | FTE  | . —  |  | registered in mornion.   |                                     |                |
|  | χη.  | 12497  |  |  |                                     |                |
| Insured Vehicle No   | . :  | 1  | Claim No.  | :  |                                     |                |
| Name of Insured  | 1  |  | Policy No.   | :  |                                     | (              |
|  |  | IID.   | Make / Model   |  |                                     | 0,             |
| Insured Tel No.  | :  | HP: 12/11/19   |  |  |                                     |                |
| Excess Sec II :S\$   |  | D.O.A: 13/4/19   | Place of Accide  | nt:  |                                     |                |
| Is driver the owner  | ? (YES / NO)   | Nature of Accident :   |  |  |                                     |                |
| If NO, Driver Nan<br>Driver Tel  |  | (V/L: YES / NO.)   | OI GIA REPOR   | RT: YES / NO ; TP GIA RE   | EPORT: YES / NO  Yes / No           |                |
| 515 6698   |  |  |  |  |                                     |                |
| INSRS: WSP: Tel: Liability: RMKS:  | INSE WSF Tel: Liab.  | ility:   | INSRS:<br>WSP:<br>Tel:<br>Liability:<br>RMKS:  |  | NSRS:<br>VSP:<br>'el:<br>.iability: |                |
| Date/ Time   |  |  |  |  |                                     |                |
|  | 21661981 . 4 SW<br>-2441<br>XOUNG T->  | o my frod Who  | 1300 120 121 A113  | Non-Reporting ltr (1st):  Non-Reporting ltr (2nd):  Non-Reporting ltr (Final):  Notification ltr (if non-picku | DATE / PIC                          |                |
|  |  |  |  | Call OI:   |                                     |                |
|  |  | *  |  | After call ltr to OI:  Documentation Check List  | Handler Typict                      |                |
|  |  |  |  | Notification ltr (if non-picku   |                                     |                |
|  |  |  |  | After call ltr to OI:  | 2)                                  |                |
|  |  |  |  | Authorisation To Act:  |                                     |                |
|  |  |  |  | Release Voucher:   |                                     |                |
|  |  |  |  | Final Repair Bill:   |                                     |                |
|  |  |  | W 128  | Car Rental Invoice:  |                                     |                |
|  |  |  |  | Towing Invoice   | 1 1 2 2                             |                |
| 1  |  |  |  | LTA/GIA:   | 74 7 7                              |                |
|  | ×  |  |  | Medical Bill:  | *                                   | 1790           |
|  | 2 -  |  |  | PIR:   |                                     | 11/2           |
|  | 3  |  |  | Mandate/Reject Instruction   | n:                                  |                |
|  |  |  |  | LOD  |                                     |                |
|  |  |  |  | Payment Breakdown Forn   | 1;                                  | _              |
| RELIMINARY ADVICE  | Date/Time:   | Sent By:   |  | Post-Repair Photos:  |                                     |                |
| WALL VICE COLUMN   | 10 - 701   |  |  | Others:  |                                     |                |
| INALIZATION  | Date/Time:   | Confirm with:  | ***  | Confirm by:  |                                     | 10             |
| Repair Cost:   | S\$ (  | - days) Reduction:   | %'-  | Email  | Call                                |                |
| TNAL SETTLEMENT  | Date/Time:   | Confirm with   |  | Email Call   |                                     |                |
| inal Liability:  |  | ed / Assessed) BOLA S/N No. :  |  | If NO or B 28, Ass. Lia:   | 13 I K                              |                |
| Repair Cost:<br>Loss of Rental (LOR):  | S\$<br>S\$   | dave   |  |  |                                     |                |
| Loss of Use (LOU):   | S\$ (\$  | x days)  |  |  |                                     |                |
| oss of Income (LOI):   | S\$ (\$  | x days)  | 4  |  |                                     |                |
| OR only LOU only   |  | LOR+LOI Tick onl   | v onel   |  |                                     |                |
| GIA/LTA Search   | S\$  | [AIGH OIII   | ,  | 4 2  |                                     | 20 19          |
| Medical:   | S\$  |  |  | 1) Claim status; Normal/F  | teject/Private Settle               |                |
| Disbursement:  | S\$  | (e.g. Tow/ Indep   | endent)  | 2) Report Format:  | te o ii                             |                |
| Legal Cost   | S\$  |  |  | 3) Survey fee:   |                                     |                |
| Total:   | SS   | Global Sum SS:   |  | 12   |                                     |                |
| FINAL PAYMENT  | Date/Time:   | Confirm with:  |  | Email Call   | 10 2                                |                |
| Payee 1:   | S\$  | Name 1:  | 6  | - 10 ×   |                                     |                |
| Payee 2: (Strike if N.A.)  | S\$  | Name 2:  |  | . 34   | . 1                                 |                |
| Payee 3: (Strike if N.A.)  | S\$  | Name 3:  |  | · · · · · · · · · · · · · · · · · · ·  |                                     | A. S. Santiago |
| The second secon | THE RESIDENCE OF THE PARTY OF T | THE PERSON NAMED IN COLUMN 2 I | The second secon |  |                                     |                |

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars                                | Business   |      |
|--|--|------|
| Owner ID Type:   | 5648L  |      |
| Owner ID:  | THE RESIDENCE OF THE PARTY OF T |      |
| Vehicle Details  | SJS6698D   |      |
| Vehicle No.:   | Yes  |      |
| Vehicle to be Exported:<br>Intended Deregistration Date: | 17 Apr 2019  |      |
|  | NISSAN   |      |
| Vehicle Make:  | SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR   | -    |
| Vehicle Model:   | Grey   |      |
| Primary Colour:  | 2009   |      |
| Manufacturing Year:                                      | HR15162809B  |      |
| Engine No.:  | JN1BAAG11Z0110195  | -    |
| Chassis No.:   | 80.0 kW (107 bhp)  |      |
| Maximum Power Output:                                    | \$19,004.00  | _    |
| Open Market Value:                                       | 17 Jul 2009  |      |
| Original Registration Date:                              | 17 Jul 2009  |      |
| First Registration Date:                                 | 2  |      |
| Transfer Count:  | \$19,004.00  |      |
| Actual ARF Paid:   | AND DESCRIPTIONS OF THE PROPERTY OF THE PROPER |      |
| Intended PARF Repate Details                             | Yes  |      |
| PARF Eligibility: PARF Eligibility Expiry Date:          | 16 Jul 2019  |      |
|  | \$9,502.00   | 0000 |
| PARF Rebate Amount: Intended COE Rebate Details          | CONTROL OF THE RESEARCH AND AND ADDRESS OF THE PARTY OF T |      |
| COE Expiry Date:   | 16 Jul 2019  |      |
| COE Category:  | A - Car (1600cc & below)   |      |
| COE Period(Years):                                       | 10   |      |
| QP Paid:   | \$14,310.00  |      |
| COE Rebate Amount:                                       | \$351.00   | _    |
| Total Rebate Amount:                                     | \$9,853.00   |      |

The information contained herein is correct as at 17 Apr 2019

