

INS. CASE OWNER:

CC 4/ Mh 1900 8186 / K N M S

IDAC:

Surveyor:

Kenneth

DOI:

9/5/19

Date / Time :

9/5/19
9/5/19

Registered in Merimen:

Pre-assign / CCU / FTE

SLE5N5B



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A: 6/8/19

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

SK2 976 S



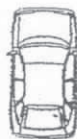
INSRS:

WSP:

Tel :

Liability :

RMKS:

Optima
w/mt2

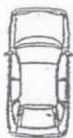
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SK2 976 S - X ; SLE 5115 B - X

STAGE

DATE / PIC

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: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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:	2455W
Vehicle Details	
Vehicle No.:	SKZ976S
Vehicle to be Exported:	No
Intended Deregistration Date:	07 May 2019
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA AXIO 1.5X CVT
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	2NR8533776
Chassis No.:	NRE1610011824
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$14,416.00
Original Registration Date:	08 Jan 2016
First Registration Date:	08 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$9,416.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Jan 2026
PARF Rebate Amount:	\$7,062.00
Intended COE Rebate Details	
COE Expiry Date:	07 Jan 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$45,002.00
COE Rebate Amount:	\$30,001.00
Total Rebate Amount:	\$37,063.00

The information contained herein is correct as at 07 May 2019

OK