

INS. CASE OWNER:

Winnipeg CC 4 / ASM 1900 8659 / J gas

IDAC: 115954

Surveyor:

DHG

DOI:

15/11/19

Date / Time:

15/11/19

Registered in Merimen:

Pre-assign / CCU / FTE

SKX 3157E

SAMMONDS



Insured Vehicle No. : SKX 3157E

Claim No. : SAMMONDS

Name of Insured : ??

Policy No. : [blank]

Insured Tel No. : [blank] HP: [blank]

Make / Model : [blank]

Excess Sec II : SS D.O.A : 17/13/19

Place of Accident : [blank]

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. : (VL: YES / NO)

Insured Liability : % Final ? Yes / No

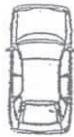
688 2670T



INSRS: WSP: Carz Auto Tel: Liability: RMKS:



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INSRS: WSP: Tel: Liability: RMKS:

Date / Time

6882670T - 15/11/19 14:00 / 15/11/19 14:00 : D.O.A: 17/13/19
SKX 3157E - X

WKS DIMP. sent out let [blank]

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)	<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:

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\$

Total: S\$ Global Sum S\$:

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ Name 1: [blank]

Payee 2: (Strike if N.A.) S\$ Name 2: [blank]

Payee 3: (Strike if N.A.) S\$ Name 3: [blank]

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	0426E
Vehicle Details	
Vehicle No.:	GBB2670T
Vehicle to be Exported:	No
Intended Deregistration Date:	17 May 2019
Vehicle Make:	NISSAN
Vehicle Model:	URVAN PANEL LWB 3.0 5DR 5MT AIRBAG 2WD
Primary Colour:	Gold
Manufacturing Year:	2008
Engine No.:	ZD30184396K
Chassis No.:	JN1MG4E25Z0781642
Maximum Power Output:	-
Open Market Value:	\$24,373.00
Original Registration Date:	15 Oct 2008
First Registration Date:	15 Oct 2008
Transfer Count:	1
Actual ARF Paid:	\$1,219.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	14 Oct 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$14,699.00
COE Rebate Amount:	\$12,955.00
Total Rebate Amount:	\$12,955.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 17 May 2019

OK