

INS. CASE OWNER:

CC 4 / RM 1900 8 JST / J gas

IDAC:

Surveyor:

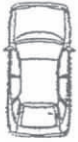
DOB:

Date of Birth:

Registered in Merit:

Re-assign / CCU / FTE

SKU 29465



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A. : 13/5/19

Place of Accident :

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

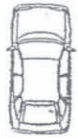
If NO, Driver Name / Age :

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

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

Insured Liability : % Final ? Yes / No

SMD 6205



INSRS:

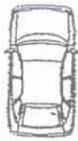
WSP:

Tel :

Liability :

RMKS:

Carz Auto.



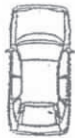
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SMD 6205 - X ; SKU 29465 - 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:	Foreign Identification Number
Owner ID:	3772N
Vehicle Details	
Vehicle No.:	SMD6220S
Vehicle to be Exported:	No
Intended Deregistration Date:	22 May 2019
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	GOLF A7 1.4 TSI 5G13GZ SR HID LED
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	CXS222536
Chassis No.:	WVWZZZAUZFW107759
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$23,147.00
Original Registration Date:	19 Nov 2014
First Registration Date:	19 Nov 2014
Transfer Count:	1
Actual ARF Paid:	\$9,406.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Nov 2024
PARF Rebate Amount:	\$7,054.00
Intended COE Rebate Details	
COE Expiry Date:	18 Nov 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$64,900.00
COE Rebate Amount:	\$35,635.00
Total Rebate Amount:	\$42,689.00

The information contained herein is correct as at 22 May 2019

OK