INS, CASE OWNE	R: Unn khong					
Surveyor:	OAT		NMENT (b) 2014	Date / Time :	blig	
Surveyor.				Registered in Merimen:	-	
Pre-assign / CCU	/FTE			- Aman 1 0 1.	Cal	
Insured Vehicle No. : SHB 9758H Name of Insured : UC NT IV Insured Tel No. : HP: Excess Sec II :SS D.O.A: US NO.9.			Claim No. : S 9 mon & www			
				Make / Model : Place of Accident :		
Is driver the owner	0	Nature of Accident :	11100 01 110010			
If NO, Driver Name / Age:			OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO			
Driver Te	The state of the s		Insured Liability: % Final? Yes/No			
		(
JHB 386	0)					
INSRS:	INSR	1) [(INSRS:	INSRS	:	
WSP: Swy	WSP:		WSP: Tel:	WSP: Tel:		
Liability:	Liabil	ity:	Liability:	Liabili	ty:	
RMKS:	RMK	s:	RMKS:	RMKS	:	
Date/ Time			0 4 4 5			
	846386 6- UZ VA	189 (BY) (N. 13()	1009: 2015/18 19/6/17	STAGE Non-Reporting ltr (1st):	DATE / PIC	
	CA- 02001 117 A	(1 15) 20 21 127 (W/2 1)	:00M: 1916117	Non-Reporting ltr (2nd):		
	5489758H - U3/A	u15 203721 kvbn2	: 40H: 2dates	Non-Reporting ltr (Final):		
	2003/1	0010 00118 601100	(veri office)	Notification ltr (if non-pickup): Call OI:		
				After call ltr to OI:		
				Documentation Check List: Ha	ndler 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:		
ELIMINARY ADVICE	Date/Time:	Sent By:		Payment Breakdown Form: Post-Repair Photos:		
		June 27,		Others:		
NALIZATION	Date/Time:	Confirm with:		Confirm by:		
pair Cost:	S\$ (days) Reduction:	%	Email	Call	
NAL SETTLEMENT al Liability:	Date/Time: (Agreed	Confirm with		Email Call If NO or B 28, Ass. Lia:		
pair Cost:	% (Agreed / Assessed) BOLA S/N No. : S\$			II NO 01 B 20, ASS. Lia .		
ss of Rental (LOR):	S\$ (days)				
ss of Use (LOU):	S\$ (\$ >					
ss of Income (LOI):		days) LOR + LOI Tick only	anal			
R only LOU onl	S\$	LOR + LOI [Tick only of	one)			
dical:	S\$			1) Claim status: Normal/Reject/	Private Settle	
sbursement:	S\$	(e.g. Tow/ Indepen	dent)	2) Report Format:		
gal Cost	S\$	Global Sum SS:		3) Survey fee:		
NAL PAYMENT	Date/Time:	Confirm with:		Email Call		
yee 1:	S\$	Name 1:				
yee 2: (Strike if N.A.)	S\$	Name 2;				

ASS. REC. BY: Hwas 22 REF AXA	TOTAL CONTRACTOR OF THE CONTRA
ASS	IGNMENT
From: Date:	Veh No: SHB 3866 Yr Regn: 24 Okt 2016
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / (ax) / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Tayota Privs c.c 1798
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading S00778 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JTDKN36 U00575 2497
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/R/m / STD A/Rim or
	Tyre Size: F: 195/65R15
(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 Chilles
Bal. or Market Value:	Front Rear
	R/Bal. 6 mm R/Bal. 6 mm
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 13 6 19 D.O.I. 18/6/19
	Survey held at Smrt
Lum Sum: % 3 Val.: Yes or No	Des. of Damages Fr / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	
Date: Person Contacted: Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	06/19/2060
·,	5 HB 9 758 H
	·
*	
Date/Time, File Pass to? : PreII. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fe	e: : Site Insp (\$)s+RS,SI
	Interview (\$) Photos

Tech. Invs (\$

:Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$

) Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	5369K	
Vehicle No.:	SHB386G	
Vehicle to be Exported:	No	
Intended Deregistration Date:	19 Jun 2019	
Vehicle Make:	TOYOTA	
Vehicle Model:	PRIUS TAXI (SMRT)	
Primary Colour:	Maroon	
Manufacturing Year:	2014	
Engine No.:	2ZR1449585	
Chassis No.:	JTDKN36U005752497	
Maximum Power Output:	100.0 kW (134 bhp)	
Open Market Value:	\$32,920.00	
Original Registration Date:	24 Oct 2014	
First Registration Date:	24 Oct 2014	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$8,088.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	23 Oct 2022	
PARF Rebate Amount: Intended COE Rebate Details	\$6,066.00	
COE Expiry Date:	23 Oct 2022	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	8	
PQP Paid:	\$50,938.00	
COE Rebate Amount:	\$21,292.00	
Total Rebate Amount: Message	\$27,358.00	

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 19 Jun 2019

OK