DIS CASE OWNER.	ke	CC 4, Asmy 90	11614,	1903 IDAC:	174765
INS. CASE OWNER:	mapung	ASSIGN	MENT	0	12/19
Surveyor:	// 2	DOI:	11101	Date / Time :	<u> </u>
Pre-assign / CCU /	67, 63	83K		Registered in Merimen:	586
Insured Vehicle No.		<del></del>	Claim No.	:	- W
Name of Insured	End Will	Vehicle fental	Policy No.	:	
Insured Tel No.		HP:	Make / Model	:	
Excess Sec II :S\$	204	D.O.A: 77 6 2019	Place of Accide	ent:	
Is driver the owner?	(YES / NO)	Nature of Accident :		14	
If NO, Driver Nam Driver Tel N		(V/L: YES / NO)	OI GIA REPO	RT: YES / NO ; TP GIA RE	PORT: YES / NO Yes / No
Smo 9 Coo	0				
11100 1300					
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liabilit RMKS	y:	INSRS: WSP: Tel: Liability: RMKS:	T L	VSRS: VSP: el: iability: MKS:
Date/ Time					
	GNARAKATO 1.	2.00 011 100 01 11	D 1	STAGE	DATE / PIC
	6×1203/4 1 NM	ms or a all death that	-, 60A. 7X6110	Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	
. 2	01201826 7:50			Non-Reporting ltr (Final):	N
	,	Ta 21		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:	
1				Car Rental Invoice:	
35	1100			Towing Invoice	E .
1934				LTA/GIA:	
				Medical Bill:	
8				PIR:	
15				Mandate/Reject Instruction LOD	1:
				Payment Breakdown Form	:
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
				Others:	
FINALIZATION	Date/Time:	Confirm with:	V.	Commin oj.	
Repair Cost: ,	S\$ (	days) Reduction:	%	Email	Call
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	20.00
Final Liability: Repair Cost:	% (Agreed S\$	/ Assessed) BOLA S/N No. 4		If NO or B 28, Ass. Lia:	
Loss of Rental (LOR):	S\$ (	days)			2
Loss of Use (LOU):	S\$ (\$ x				
Loss of Income (LOI):	S\$ (\$ x				
LOR only LOU only		OR + LOI [Tick only o	ne]		
GIA/LTA Search	S\$			1) Claim status: Normal/R	eject/Private Settle
Medical:	S\$	(e.g. Tow/ Independ	lent )	Claim status: Normal/R     Report Format:	ajood i iivato botto
Disbursement: Legal Cost	S\$ S\$		ion j	3) Survey fee:	1
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:		Email Call	
Payee 1:	S\$	Name 1:		4	
Payee 2: (Strike if N.A.)	S\$	Name 2:	4		
Payee 3: (Strike if N.A.)	S\$	Name 3:			

SS. REC. BY: MC/645	COLCAIMENT
From: Date:	Veh No: Veh No:
Estimated Cost:	Type M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
TRANS LTD DES LOD DES LEVA LINV I MV	Truck/Trailer or A
To Inspect Vehicle No:	Make: Yoyofa Wellfire c.c 474
(2 , 1 , 1	Colour A/C: Insured / Std / NI / NA
	Sp.Reading 70736 T/Radio: Insured / Std / NI / NA
of ,	Eng/No:
nsured:	C/No: JTNAF 3DH 20f018840
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt
Claims No.	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: Kerder / Jammed / Leaked / Burnt or
(Client's Record)	
Make of Veh:	236/82016
(Policy Condition)	R:  O/S BS / DUNY EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Remark: The veh had commenced its N/S	
repair at the time of inspection.	TOYOTYOKO or
Bal. or Market Value: 60 6	Front Rear
IDAÇ Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. / mm L/Bal. / mm
Est. Repairs: days Res.: Yes or No	D.O.A. 27/6/19 D.O.I. (7/9
Lum Sum: % 3 Val.: Yes or No	Survey held at
171787	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: If	N/OUT 9/5 thee
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
t) : Final Report	Resurvey No. of Trip: Survey Fee:  Transportation:
Date/Time, File Return to?	
2)	du l'ee Oite illep
	: Interview (\$ ) Photos
	: Tech. Invs (\$ ) Others
Report Format :	
Report Format : ,* Lump Sum / I.B.I: (\$	: Weekend (\$

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**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars			
Owner ID Type:	Company		
Owner ID:	1065W		
Vehicle Details	01 4D 0500D		
Vehicle No.:	SMD9500P		
Vehicle to be Exported:	No		
Intended Deregistration Date:	01 Jul 2019		
Vehicle Make:	TOYOTA		
Vehicle Model:	VELLFIRE ELEGANCE MOONROOF		
	(AUTO)		
Primary Colour:	White		
Manufacturing Year:	2018		
Engine No.:	2ARJ096908		
Chassis No.:	JTNGF3DH208016440		
Maximum Power Output:	134.0 kW (179 bhp)		
Open Market Value:	\$48,192.00		
Original Registration Date:	13 Sep 2018		
First Registration Date:	13 Sep 2018		
Transfer Count:	0		
Actual ARF Paid:	\$59,469.00		
Intended PARF Rebate Details			
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	12 Sep 2028		
PARF Rebate Amount:	\$44,601.00		
Intended COE Rebate Details			
COE Expiry Date:	12 Sep 2028		
COE Category:	B - Car above 1600cc or 97kW (130bhp)		
COE Period(Years):	10		
QP Paid:	\$33,900.00		
COE Rebate Amount:	\$31,178.00		
Total Rebate Amount:	\$75,779.00		

The information contained herein is correct as at 01 Jul 2019

ОК

Status

20 ✓ results/page

Veh Type

Mileage

Eng Cap

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