			1/ 5-5-		
15/5/2010 .	CC 4/ A/6 190 /	2088/	has IDA		
INS. CASE OWNER	ASSIGNA		. 100		
Surveyor:	DOI: ASSIGNA	3(19	Date / Time :	8/1/19	110
Pre-assign / CCU7	FTE	-	Registered in Merimen:	-1171	
Insured Vehicle No.	SMH 2797B	Claim No.	:		
Name of Insured	##	Policy No.	:		
Insured Tel No.	: HP:	Make / Model	:		Na
Excess Sec II :S\$	D.O.A: 11719	Place of Accid			
Is driver the owner?		Trace of Accid			
If NO, Driver Nam Driver Tel N		OI GIA REPO	RT: YES / NO ; TP GIA ty: % Fin	REPORT: YES	/NO
SGH 283	26			3.	
INSRS:	Mutor INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time	01-11-20-22-4				
	Shy 22978 JX		STAGE Non-Reporting ltr (1st):	DAT	E/PIC
4	BINN MAR O		Non-Reporting ltr (1st): Non-Reporting ltr (2nd):		
	199		Non-Reporting ltr (Final):		
÷:	7		Notification ltr (if non-pic	kup):	
			Call OI:		
	4		After call ltr to OI: Documentation Check I	ist Handler	Typist
		<u> </u>	Notification ltr (if non-pic		TJPISC
			After call ltr to OI:		
			Authorisation To Act:		
			Release Voucher:		
			Final Repair Bill:		
1		3	Car Rental Invoice:		
1.0			Towing Invoice		-
21			LTA / GIA :		
			Medical Bill:		
5			PIR:		
**			Mandate/Reject Instruc	tion:	
			LOD		
N			Payment Breakdown Fo	rm:	
PRELIMINARY ADVICE	Date/Time: Sent By:		Post-Repair Photos:		
			Others:		
FINALIZATION '	Date/Time: Confirm with:	4	Confirm by:		
Repair Cost: ,	S\$ (days) Reduction:	%	Ema	ail Call	
FINAL SETTLEMENT	Date/Time; Confirm with		Email Call		
Final Liability:	% (Agreed / Assessed) BOLA S/N No.3		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\$			China y Marina	
Medical:	S\$		1) Claim status: Norma	/Reject/Private	Settle
Disbursement:	S\$ (e.g. Tow/ Independent	t)	2) Report Format:	6 m	
Legal Cost	SS CILLIS CS		3) Survey fee:	inite	
Total:	SS Global Sum SS:				

FINAL PAYMENT

Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)

Payee 1:

Date/Time:

S\$

SS

Confirm with:

Name 1:

Name 2: Name 3:

REF: AIG	
ASS, REC. BY:	ASSIGNMENT
, , , , , , ,	C/11 2822 0/ 0/
From: Date:917 2	Veh No: Yr Regn: Veh No: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	
OD (TP)WS / TP RES / OD RES / EVA / INV / MV	Make: Da; Terial c.c 1485
To Inspect Vehicle No: SGH 2832C	
at Workshop m/s Ah fim Motor	Colour
of No: 10 AMK Ind. Park 24 # 01-	Sp.Reading 167306 T/Radio: Insured / Std / NI / NA
Insured: _	Eng/No:
Policy No.	C/No: JDA J210 G 00 1007070
Claims No.	Gen. Cond: 600d / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inocer / Jammed / Leaked / Burnt or
Make of Veh: 2pm	Modi: Nil / S/Rim / STD A/Rim or
/-	Tyre Size: F: 215/60/R/6
(Policy Condition)	R:
Remark: The veh had commenced its N/S	
repair at the time of inspection.	TOYO / YOKO or Westlake
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 9 mm R/Bal. 9 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal mm L/Bal mm
Est. Repairs: O4 days Res.: Yes or No	D.O.A. 1/7/19 D.O.I. 9/7/19
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS WP)	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
5/1/ Vehicle	e: IN/OUT N/3/87
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	·
A	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Final Panart	Resurvey No. of Trip: Survey Fee:
1) Date/Time, File Return to?	Transportation:
2)	Add Fee: : Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.J: (\$:Weekend (\$
	TATOT

REF: AIG

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Verificio
Owner ID Type:	Singapore NRIC
Owner ID:	2602Z
Vehicle Details	
Vehicle No.:	SGH2832C
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Jul 2019
Vehicle Make:	DAIHATSU
Vehicle Model:	TERIOS 1.5L 4WD AUTO ABS AIRBAG
Primary Colour:	Black
Manufacturing Year:	2006
Engine No.:	1601391
Chassis No.:	JDAJ210G001007070
Maximum Power Output:	77.0 kW (103 bhp)
Open Market Value:	\$18,427.00
Original Registration Date:	05 Jun 2006
First Registration Date:	05 Jun 2006
Transfer Count:	2
Actual ARF Paid:	\$20,270.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 May 2021
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$22,789.00
COE Rebate Amount:	\$8,711.00
Total Rebate Amount: Message	\$8,711.00
Please note that the 5-year COE for this vehicle cannot be	e 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 02 Jul 2019