15/5/2010	cc 4/11/ 19	012799,	Ugas IDAC:	
INS. CASE OWNE	74.0		Ut Ju.	
Surveyor:	DOI:	T/X/19	Date / Time :	9/7/19
Pro accion / CCI			Registered in Merimen:	CHILL
Pre-assign / CCI	SHB 4081 J			
Insured Vehicle N	10.	Claim No.		(\>
Name of Insured	: CTPL	Policy No.		
Insured Tel No.	HP:	Make / Model	:	
Excess Sec II :SS	1000/2010	Place of Accid		
Is driver the owner		Tidoc of ficoid		
		OI OIL DEDO	DECEMBER OF THE OLD DES	ODD VIEW (NO
Driver Te	I No. : (V/L: (E) / NO )	Insured Liabili	RT. YES) NO ; TP GIA REI ty: % Final?	Yes / No
PASY4	<u> </u>			
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability:	W Te	SRS: SP: ability: MKS:
Date/ Time				
	MASSYVE - X -,		STAGE	DATE / PIC
	THE WORLT-COYLING PORTA PAINT	397 : 40 P. 8 (A)	Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	
	31.7 (-0.9 - (-1.11)		Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup)	
- 2			Call OI:	
			After call ltr to OI:  Documentation Check List:	Handley Tomist
			Notification ltr (if non-pickup)	
			After call ltr to OI:	
			Authorisation To Act:	
X II			Release Voucher:	
			Final Repair Bill:	
			Car Rental Invoice:	
			Towing Invoice	
	4.3		LTA / GIA:	
			Medical Bill:	
			PIR:	
			Mandate/Reject Instruction: LOD	
			Payment Breakdown Form:	
PRELIMINARY ADVICE	E Date/Time: Sent By:		Post-Repair Photos:	
	The second secon		Others:	
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: Loss of Rental (LOR):	S\$			
Loss of Use (LOU):	S\$ ( days) S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only LOU only		one		
GIA/LTA Search	S\$			
Medical:	S\$		1) Claim status: Normal/Rej	ect/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent	dent)	2) Report Format:	
Legal Cost	S\$		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:			
IF HAPP AT INTERPRETED A 1	Name 3			

	/
(08/11/13) wef REF:	111/
ASS. REC. BY: MC/Cas	
From: Date:	Veh No: PAS YEAC Yr Regn: 6, OS' Type: M.Car / M.Cycle (Bus) Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	Truck/Trailer or (M/
OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No:	Make: Try to the Colour Mr-El A/C: Insured/Std/NI/NA
at Workshop m/s  of	Sp.Reading 46/357 T/Radio: Insured / Std / NI / NA
Insured: 51/13 40819	Facilities:
Policy No.	C/No: KDH 200 00 16938  Gen. Cond: 200d / Fair / Poor / Burnt
Claims No.	
Sum Insured: Excess:	Steering: Inorden/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inforder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nity S/Rim / STD A/Rim or
Mave Of Aett	Tyre Size: F: /95- N (5
(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 Ne see
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. mm
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. 18/7/18 D.O.I. 22/7/18
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS Vehicle: IN/OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction / I who.  Solve 24-6-2020 MA ST	707
Date/Time, File Pass to? : Preli. Report	Days Of Repair:  Resurvey No. of Trip:  Survey Fee:
1) : Final Report	
Date/Time, File Return to?	Transportation:
2) Add Fe	
	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$). Others
Lump Sum / I.B.I: (\$	:Weekend (\$
, wanty want twenty	

## > Back to OneMotoring

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

ehicle Owner Particulars	-		
Owner ID Type:	Company		
Owner ID:	215M		
/ehicle Details			
/ehicle No.:	PA5442E		
/ehicle to be Exported:	No		
ntended Deregistration Date:	22 Jul 2019		
/ehicle Make:	TOYOTA		
/ehicle Model:	HIACE 2.5 M		
Primary Colour:	White		
Manufacturing Year:	2005		
Engine No.:	2KD1270387		
Chassis No.:	KDH2000016938		
Maximum Power Output:			
Open Market Value:	\$28,361.00		
Original Registration Date:	25 Jun 2005		
First Registration Date:	25 Jun 2005		
ransfer Count:	2		
Actual ARF Paid:	\$1,419.00		
ntended PARF Rebate Details			
PARF Eligibility:	No		
PARF Eligibility Expiry Date:			
PARF Rebate Amount:	\$0.00		
ntended COE Rebate Details			
COE Expiry Date:	24 Jun 2020		
COE Category:	C - Goods Vehicle & Bus		
COE Period(Years):	5		
PQP Paid:	\$27,967.00		
COE Rebate Amount:	\$5,707.00		
otal Rebate Amount:	\$5,707.00		
Message			

The information contained herein is correct as at 22 Jul 2019

ОК