

INS. CASE OWNER:

Sashe

CC 4, Asm 190 14017, R1 pas

LKK:

IDAC:

131028

Surveyor:

M/KS

DOI:

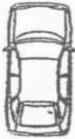
21/8/19

Date / Time :

13/08/2019

Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMM 7054B

Claim No. :

9 removed

Name of Insured :

KARMI SHWETA ANIMASH

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A :

23/7/2019

Place of Accident :

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

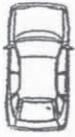
(V/L: YES / NO)

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

Insured Liability : %

Final ? Yes / No

GSE 9446M



INSRS:

WSP:

Tel :

Liability :

RMKS:

Falun Pandan



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

GSE 9446M - X ; SMM 7054B - 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:	Business
Owner ID:	601L
Vehicle Details	
Vehicle No.:	GBE9446M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	24 Jul 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE 3.0 DX DIESEL TURBO AT 2WD 5DR LGV
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1KD2598585
Chassis No.:	KDH2010192252
Maximum Power Output:	-
Open Market Value:	\$32,730.00
Original Registration Date:	06 May 2016
First Registration Date:	06 May 2016
Transfer Count:	1
Actual ARF Paid:	\$1,637.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	05 May 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$29,197.00
COE Rebate Amount:	\$19,795.00
Total Rebate Amount:	\$19,795.00

The information contained herein is correct as at 24 Jul 2019

OK

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