INS. CASE OWNER	TEO Kitty	CC4/ASM190	14792/ [	pa3 LKK:	132929		
Surveyor:	Kenni	DOI: ASSIGNM	12019 1	Date / Time : 22/08/2	2019		
Pre-assign / CCU /	/ ETE			Registered in Merimen:	4		
Pre-assign/CCO/				COMO1Y7E			
Insured Vehicle No.	SLD 851Y		Claim No.	S9M01XZF			
Name of Insured	:HITACHI CAPITA	L ASIA PACIFIC PTE LT	D Policy No. :		DX		
Insured Tel No.	:	LID:	Make / Model :				
		D.O.A: 21/08/2019					
Excess Sec II :S\$			Place of Acciden				
Is driver the owner's	YES / NO )	Nature of Accident :					
If NO, Driver Nam	ne / Age :		OI GIA REPORT	T: YES / NO ; TP GIA REPO	RT: YES / NO		
Driver Tel N	No. :	(V/L: YES / NO)	Insured Liability	lity: % Final? Yes/No			
SJR 5258	C .						
0011 0200	$\stackrel{\smile}{-}$ $\stackrel{-}{-}$		_				
INSRS:	INSRS		INSRS:	INSF	tS:		
WSP: CHENG			WSP:	WSP			
Tel:	H Tel:	Н Н	Tel : Liability :	Tel: Liabi			
Liability : RMKS:	Liabilit RMKS	1// -1//	RMKS:	RMK			
	KIVIKS		RIVING.	14111			
Date/ Time	O ID FOROS V	01.0.054\/	V		D 1 mm 1 DVC		
	SJR 5258C- X	SLD 851Y-		STAGE	DATE / PIC		
				Non-Reporting ltr (1st): Non-Reporting ltr (2nd):			
			_	Non-Reporting ltr (Final):			
			1	Notification ltr (if non-pickup):			
			Call OI:				
08/05/2020	Pls refer to View	vs for details.		After call ltr to OI:			
				Documentation Check List: H	landler Typist		
				Notification ltr (if non-pickup)			
	*NI £	TD		After call ltr to OI:			
	*No response f	rom IP		Authorisation To Act: Release Voucher:			
	*Submit WP re	port to AXA		Final Repair Bill:			
				Car Rental Invoice:			
				Towing Invoice			
				LTA / GIA :			
			1	Medical Bill:			
			1	PIR:			
				Mandate/Reject Instruction:			
				LOD			
			1	Payment Breakdown Form:			
PRELIMINARY ADVICE	Date/Time:	Sent By:	]	Post-Repair Photos:			
				Others:			
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	7		
Repair Cost:	S\$ (	days) Reduction:	%	Email	Call		
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call			
Final Liability:		Assessed) BOLA S/N No.:	]	If NO or B 28, Ass. Lia:			
Repair Cost:	S\$ S\$	dorm					
Loss of Rental (LOR): Loss of Use (LOU):	S\$ (\$ x	days)					
Loss of Income (LOI):	S\$ (\$ x	days)					
LOR only LOU only		OR + LOI [Tick only one	1				
GIA/LTA Search	S\$	t-rem only one					
Medical:	S\$			1) Claim status: Normal/Rejec	<del>«P.i Sent</del> e/wp		
Disbursement:	S\$	(e.g. Tow/ Independent		2) Report Format: TP			
Legal Cost	S\$			3) Survey fee: \$250.0	0		

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

Email Call

Total:

Payee 1:

FINAL PAYMENT

Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.) S\$

S\$

S\$

Date/Time:

ASS. REC. BY:	
Kenneth	ASSIGNMENT
From: Date:	0
Estimated Cost:	Veh No: 57R 5258 C Yr Regn: -06, 09
OD / TP WS I TP RES I OD RES I EVA I INV I MV	Type: McCar / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
To Inspect Vehicle No:	Truck / Trailer or
at Workshop m/s Chen 140	Make: lay Almis c.c 15PB
of Cheny Ho	- Cor Garage Too. Insured / Std / NI / NA
Insured:	Sp.Reading 2059 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	CNO: MR0537 E E 106 147765
Sum Insured: Excess:	Gen. Cond: Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
	Modi: NII / S/RIm / STD A/Rim or
(Policy Condition)	Tyre Size: F: 195/65 R15
Remark: The yeb had common to	R:
repair at the time of inspection.	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value: 856/c	TOYO / YOKO or
IDAC Accident Rport: Consistent?: Yes or No	Front Rear
GIA / PR Seen: Consistent?: Yes or No	R/Bal. mm - R/Bal. mm
Est. Repairs: / O days Res.: Yes or No	L/Bal. P mm L/Bal. P mm
Lum Sum: 20 % 3 Val.: Yes or No	D.O.A. 21/8/19 D.O.I. 22/8/19
	Survey held at
CA I REV REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / C	Mee 0/1
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
File pass To	
Submit L/sum \$6,400.00 (Red	1 \$2,232.12// 26%) - excluded check items \$211.88
	.04
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
; Final Report	Resulting No. of T.
Outa/Time, File Return to?	
Add Fee	e: Site Insp (\$ Sage C)
	Intension (\$
Report Format :	Tech Invs (\$ ) Piers
Lump Sum / I.B.I: (S	
	Weekend (\$
	TOTAL

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars			
Owner ID Type:	Company		
Owner ID: Vehicle Details	281M		
Vehicle No.:	SJR5258C		
Vehicle to be Exported:	No		
Intended Deregistration Date:	22 Aug 2019		
Vehicle Make:	TOYOTA		
Vehicle Model:	COROLLA ALTIS 1.6 AUTO		
Primary Colour:	Silver		
Manufacturing Year:	2009		
Engine No.:	3ZZ4902492		
Chassis No.:	MR053ZEE106147765		
Maximum Power Output:	80.0 kW (107 bhp)		
Open Market Value:	\$17,500.00		
Original Registration Date:	26 Jun 2009		
First Registration Date:	26 Jun 2009	. Here	
Transfer Count:	1		
Actual ARF Paid: Intended PARF Rebate Details	\$17,500.00		
PARF Eligibility:	Forfeited		
PARF Eligibility Expiry Date:			
PARF Rebate Amount: Intended COE Rebate Details	\$0.00		
COE Expiry Date:	31 May 2029		
COE Category:	A - Car (1600cc & below)		
COE Period(Years):	10		
PQP Paid:	\$27,886.00		
COE Rebate Amount:	\$27,256.00		
Total Rebate Amount:	\$27,256.00		

The information contained herein is correct as at 22 Aug 2019

OK