15/5/2010		CC6/CTI190	111071//	LKK:			
INS. CASE OWNE	R:	000/011190	71407 1/N	ea3 IDAC:			
Surveyor:	Surveyor: KENNETH DOI: ASSIGN			Date / Time : 20/08/19			
D 1 100T	1 / 12/12/2			Registered in Merimen:			
Pre-assign / CCU							
Insured Vehicle N	。: GBH 1386	Ρ	Claim No.	:			
Name of Insured			Policy No.				
2_0							
Insured Tel No.	:	HP:	Make / Model	CINIADANI DDIVE			
Excess Sec II :S\$		D.O.A: 16/08/2019 17:10	Place of Accid	lent: SINARAN DRIVE			
Is driver the owner	r? ( YES / NO )	Nature of Accident :					
If NO, Driver Na	me / Age :		OI GIA REPO	ORT: YES / NO ; TP GIA REPORT:	YES / NO		
Driver Tel	No. :	(V/L: YES / NO)	Insured Liabili	ity: % Final? Yes/!	No		
SLQ 7424	1H	<b>→</b>					
INSRS: WEI LI	EE INSRS		INSRS: WSP:	INSRS: WSP:			
H H Tel: MOIO	R Tel:		Tel:	Tel:			
Liability:	Liabili	ty:	Liability:	Liability :			
RMKS:	RMKS		RMKS:	RMKS:			
Date/ Time							
	SLQ 7424H - X GBH 138		386P - X		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: Handl	er 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:			
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:			
	Land Lille,	oun by.		Others:			
FINALIZATION	Date/Time:	Confirm with:		Confirm by:			
Repair Cost:	S\$ (	days) Reduction:	%	Email Ca	11		
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call			
Final Liability:		Assessed) BOLA S/N No ·		If NO or B 28 Ass Lia:			

Repair Cost:

Loss of Rental (LOR):

Loss of Income (LOI):

LOR only LOU only

Loss of Use (LOU):

GIA/LTA Search

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Disbursement:

Medical:

Legal Cost

Total:

Payee 1:

S\$

S\$

S\$

S\$

S\$

S\$ S\$

S\$

S\$

S\$

S\$

S\$

Date/Time:

(\$

(\$ ] LOR + LOU[ days)

days)

days)

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

[Tick only one]

(e.g. Tow/ Independent )

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

Call

3) Survey fee:

Email

LOR + LOI

ASS. REC. BY:	REF: 6/12/		
enneth	AS	SIGNMENT	
From:	Date:	Veh No: SLQ 7	42414 Yr Regn: 0310
Estimated Cost:		Type: M.Carl M.Cycle / Bus / V	an / Lorry / Taxi / Prime Mover /
OD ITP IWS I TP RES I OD RES I	EVA / INV / MV	Truck / Traller or	,
To Inspect Vehicle No:		Make: Itendo	A) 157 c.c 133
at Workshop m/s	Wir Lu	Colour M. Cony	A/C: Insured / Std / NI / NA
of		Sp.Reading P4 Pa	
Insured:		Eng/No:	T/Radio: Insured / Std / NI / NA
Policy No.		-	-66 . 1177866
Claims No.	+	Gen. Cond: Good / Fair / Poor /	1117806
Sum Insured:	Excess:	Steering: Inorder / Jammed / Le	
(Client's Record)		Brake: Ingreder / Jammed / Lea	
Make of Veh:			
		Modi: Nil / S/Rim / STD A/R	
(Policy Condition)		Tyre Size: F:	175/65R14
Remark: The veh had commenced it:	N/S O/S	R:	
repair at the time of inspec		BS / DUN / EXNOVA / GY / FS / L TOYO / YOKO or	IZA / MIC / OHTSU PIR ) SUMI /
Bal. or Market Value: 16/14/			
4	sistent? : Yes or No	Fron! R/Bal. Z	Rear
	sistent?: Yes or No	UBal. ≠ mm	R/Bal mm
	Res.: Yes or No	D.O.A. 16/8/18	L/Bal. / imm
.um Sum: /- /3./ %			D.O.I. 20/8/19
		Survey held at	
CA / REV / REP. / 24 HRS	Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O	
Person Contacte	d:		n/s
Date / Time   Action / Instruction		The O/O / Chassis frame / B	ody Structure affected due to collision.
File pass To			
aglalii Nis	A		
23/8/19 No assignment	of given for this	case.	
7			
		4	
to/Timo, File Pass to?			
. Prell. R		ays Of Repair:	
: Final R	eport Re	survey No. of Trip:	Survey Fee:
a	The second		Transportation:
	Add Fee:	: Site Insp (\$	)_S+RSSI
		: Interview (\$	) Fixetos
port Format :		Tech Invs (\$	). Others
mp Sum / I.B.I: (S	1	Weekend (\$	
		of the definition of the last	1071
			TOTAL

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle Vehicle Owner Particulars

Vehicle Owner Particulars	Company		
Owner ID Type:	Company		
Owner ID:	813C		
Vehicle Details	SLQ7424H		
Vehicle No.:	No		
Vehicle to be Exported:	22 Aug 2019		
ntended Deregistration Date:	HONDA		
Vehicle Make:	FIT 1.3G A		
Vehicle Model:	Silver		
Primary Colour:			
Manufacturing Year:	2008		
Engine No.:	L13A4127428		
Chassis No.:	GE61117866		
Maximum Power Output:	73.0 kW (97 bhp)		
Open Market Value:	\$15,060.00		
Original Registration Date:	22 Mar 2010		
First Registration Date:	22 Mar 2010		
Transfer Count:	3		
Actual ARF Paid: Intended PARF Rebate Details	\$15,060.00		
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	21 Mar 2020		
PARF Rebate Amount: Intended COE Rebate Details	\$7,530.00		
COE Expiry Date:	21 Mar 2020		
COE Category:	A - Car (1600cc & below)		
COE Period(Years):	10		
QP Paid:	\$20,802.00		
COE Rebate Amount:	\$1,199.00		
	\$8,729.00		
Total Rebate Amount:			

Total Rebate Amount: The information contained herein is correct as at 22 Aug 2019