15/5/2010			Ì			1	LKK:		
	CASE OWNER	:	CC 4	1 Ala 2000 (	1 1500	Khs3	IDAC:		
110.0	AIDE O WITER			ASSIGNM	ENT				
Surve	yor:	Kenneth	DO	DI: 30 12	19	Date / Time :	30/12/19		
						Registered in Merin	nen: 21/2	1020	
Pre-a	ssign / CCU	/ FTE					I say had 85		
Insure	ed Vehicle No	SMN 499	85		Claim No.				
Name	of Insured				Policy No. :				
Incure	ed Tel No.	: HP:			Make / Model :				
	s Sec II :S\$	D.O.A: >7112/19		112/19	Place of Accident :				
						Flace of Accident.			
Is driv	ver the owner's	( YES / NO )	Nature of Ac	cident :			and a street	- VI	
If NO	, Driver Nam	ne / Age :			OI GIA REPO	ORT: YES / NO ; TP	GIA REPORT: YES	NO	
	Driver Tel N	No. :	(V/L: YES / NO)			Insured Liability: % Final? Yes / No			
6BB3711C					1	10000	<b>→</b>		
INSR	c.	INSR	c.		INSRS:		INSRS:		
WSP:	Cheng H				WSP:		WSP:		
H H Tel:		H H Tel:		A A	Tel:	A A	Tel:		
Liabil	-	Liabil		K	Liability:		Liability:		
RMK	S:	RMK	S:		RMKS:		RMKS:		
Date/	Time	to Holesi adaptu		and a second and	Chilled or	when County	3737 1 - 7307		
		GBB3711C:CC4/AX	A16017357	URL352-1; DOA	:14/9/16	STAGE	DATE	E / PIC	
		SMN 4998S: X				Non-Reporting ltr (1s			
						Non-Reporting ltr (2: Non-Reporting ltr (Fi			
-1						Notification ltr (if not			
				Later Land		Call OI:			
45				and the same of the same		After call ltr to OI:			
						Documentation Che	ck List: Handler	Typist	
						Notification ltr (if no	a-pickup)		
						After call ltr to OI:			
				TOTAL YOUR	TOTAL CL DO	Authorisation To Act			
						Release Voucher:	al more by		
ė.						Final Repair Bill:			
			ce denue 25	Indiana pol	THE PARTY NAMED IN	Car Rental Invoice:			
						Towing Invoice			
						LTA / GIA :			
						Medical Bill:			
						PIR:			
						Mandate/Reject Ins	truction:		
						LOD Payment Breakdow	m Form:		
DDEL IMINIAD	VADVICE	Data/Time:	Sa	nt By:		Post-Repair Photos			
PRELIMINARY ADVICE		Date/Time.	30	in by.		Others:			
FINALIZATIO	N	Date/Time:	Co	nfirm with:		Confirm by:	The state of the s		
Repair Cost:	4.4	S\$ (	days) Re		%		Email Call		
FINAL SETTL	EMENT	Date/Time:	Confirm with			Email Call			
Final Liability:		% (Agreed	/ Assessed) BO	DLA S/N No. :		If NO or B 28, Ass.	Lia:		
Repair Cost:		S\$				The state of the s	uild - Heatel III		
Loss of Rental (	LOR):	S\$ (	days)			1			
Loss of Use (LO	U):	S\$ (\$ >	days)			Transmitt on			
Loss of Income	(LOI):	S\$ (\$ 2			MS saturate	al although place			
LOR only	LOU only		LOR + LOI	[Tick only one]	7-11-14				
GIA/LTA Searc	h	S\$					100 1 00 1		
Medical:		S\$		T / T 1	`		rmal/Reject/Private S	ettle	
Disbursement:		S\$	(e.	g. Tow/ Independent	)	Report Format:     Survey fee:			
Legal Cost		S\$				3) Survey ree.			

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

Call

Email

Total:

Payee 1:

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

S\$
Date/Time:

S\$

S\$

S\$

## Enquire Vehicle & Owner Information (Vehicle No. SMN4998S As At 27 Dec 2019 / 12:00:00)

Law Firm Search Details

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

CHM-GBB3711

Current Owner Details

Owner ID Type:

Company

Owner ID:

200710651D

Owner Name:

GOLDBELL CAR RENTAL PTE. LTD.

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 10

Registered Street Name: RAEBURN PARK

Registered Unit No.: #02-01

Registered Building Name: -

Registered Postal Code: 088702

**Current Vehicle Details** 

Vehicle No.:

SMN4998S

Make Description/Model: B.M.W. / 216I GRAN TOURER NAV

Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars				
Owner ID Type:	Business			
Owner ID: Vehicle Details	075X			
Vehicle No.:	GBB3711C			
Vehicle to be Exported:	No No			
Intended Deregistration Date:	28 Dec 2019			
Vehicle Make:	NISSAN			
Vehicle Model:				
Primary Colour:	URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD			
Manufacturing Year:	Gold			
Engine No.:	2008			
Chassis No.:	ZD30206457K			
Maximum Power Output:	JN1MG4E25Z0792181			
Open Market Value:	-			
Original Registration Date:	\$28,175.00			
	17 Jan 2009			
First Registration Date:  Transfer Count:	17 Jan 2009			
	3			
Actual ARF Paid:	\$1,409.00			
Intended PARF Rebate Details				
PARF Eligibility:	No			
PARF Eligibility Expiry Date:	-			
PARF Rebate Amount: Intended COE Rebate Details	\$0.00			
COE Expiry Date:	4/1, 0004			
COE Category:	16 Jan 2024			
COE Period(Years):	C - Goods Vehicle & Bus			
PQP Paid:	5			
COE Rebate Amount:	\$14,086.00			
	\$11,412.00			
Total Rebate Amount:	\$11,412.00			

The information contained herein is correct as at 28 Dec 2019

OK