15/5/2010		CC 3/A/G 2000	1641 /	Kds3 IDAC:	
INS. CASE OWNER	ξ:		NMENT	L037	
	Kenneth		2070	Date / Time :	1/2020
Surveyor:	REMINICAN	DOI		Registered in Merimen:	31/1/2020
Pre-assign / CCU	/ FTE			Registered in Merimen.	
		01 v			
Insured Vehicle No	o. : _ SJK 76	007 \	Claim No.	:	
Name of Insured	:		Policy No.	:	
Insured Tel No.	= ; <u></u>		Make / Model	: - <u></u>	<u> </u>
Excess Sec II :S\$		D.O.A: 27 1 2020	Place of Accid	lent:	
Is driver the owner	? (YES / NO)	Nature of Accident :			
If NO, Driver Nar	me / Age :	Y	OI GIA REPO	ORT: YES / NO ; TP GIA REP	ORT: YES / NO
Driver Tel		(V/L: YES / NO)	Insured Liabil		Yes / No
SUC F221	ν .				
SHC 5337					
INSRS:	INSRS		INSRS:	A 15	SRS:
WSP: Trans -	Cab WSP:		WSP: Tel:	Te Te	SP:
Liability:	Liabili	ty:	Liability:	D D	ability:
RMKS:	RMKS	1/4 -1/1	RMKS:	RM	MKS:
Date/ Time					
	SHC5337K: X	, S3K 7687 X	·. 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	
DDEL DAMADA ABATAN	Dete/Ti	0 . 1		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
TINI I Y YZ I TIYON	D . /TT:	0.00		Others:	
FINALIZATION Remain Control	Date/Time:	Confirm with:	0.4	Confirm by:	Call
Repair Cost: FINAL SETTLEMENT	S\$ (Date/Time:	days) Reduction:	%	Email _	Can
		Confirm with		Email Call	
Final Liability: Repair Cost:	% (Agreed)	/ Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia:	
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ (\$ x	days)			
Loss of Income (LOI):	S\$ (\$ x	days)			
LOR only LOU only		OR + LOI Tick only or	nel		
GIA/LTA Search	S\$		-		
Medical:	S\$			1) Claim status: Normal/Rej	ject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independ	ent)	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:			
Payee 3: (Strike if N A)	SS	Name 3:			

nenneth	ASSIGNMENT
From: Date:	
Estimated Cost;	- VERROLD VIR ROLD
OD TP JWS / TP RES / OD RES / EVA / INV / MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Traller or
To Inspect Vehicle No:	
at Workshop m/s Trans Cab	Make: Benault Laritude c.c 1895
of COID	Colour M. White I Red A/C: Insured / Std / NI / NA
Insured:	Sp.Reading 55/636 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	CNO: VF1ABL 15AUC 279348
Sum Insured; Excess:	Gen. Cond: Geod 7 Fair / Poor / Burnt
(Client's Record)	Steering: Inorder/ Jammed / Leaked / Burnt or
Make of Veh:	Brake: Ingrder / Jammed / Leaked / Burnt or
	Modi: ATT S/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 2/5/60R15
Remark: The veh had commenced to	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM /
Bal. or Market Value:	TOYO/YOKO or Salvy
IDAC Accident Rport: Consistent? : Yes or No	· Front Rear
GIA / PR Seen: Consistent?: Yes or No	R/Bal. mm R/Bal. mm
Est. Repairs: 2/2 days Res.: Yes or No	UBal mmUBal
Lum Sum: 26 % 3 Val.: Yes or No	D.O.A. 27/1 /20 D.O.I. 29/1/2020
	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear O/S N/S U/C Rooftop or
Date:Person Contacted: Vehicle: IN / OUT	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
1	
Date/Time, File Pass to?	
I Proll Demot	ays Of Repair:
I I Elnal D	SUPVOY No. of T.
Add Fee:	: Site Insp (\$
	Interview (\$
Report Format :	Tech Invs (\$) Piktos
Lump Sum / I.B.I: (S	- Commis
	TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	878K	
Vehicle No.:	SHC5337K	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	28 Jan 2020	
Vehicle Make:	RENAULT	
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR	
Primary Colour:	Red	
Manufacturing Year:	2014	
Engine No.:	M9R8839C001940	
Chassis No.:	VF1ABL15AUC279348	
Maximum Power Output:	127.0 kW (170 bhp)	
Open Market Value:	\$19,998.00	
Original Registration Date:	15 Sep 2014	
First Registration Date:	15 Sep 2014	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$12,498.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	14 Sep 2022	
PARF Rebate Amount: Intended COE Rebate Details	\$8,748.00	
COE Expiry Date:	14 Sep 2022	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	8	
PQP Paid:	\$50,704.00	
COE Rebate Amount:	\$16,670.00	
Total Rebate Amount: Message	\$25,418.00	

reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 28 Jan 2020

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> Back to OneMotoring

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COE Period(Years):	8	
PQP Paid:	\$50,704.00	
COE Rebate Amount:	\$16,670.00	
Total Rebate Amount: Message	\$25,418.00	

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 28 Jan 2020

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