Surveyor:	15/5/201	CASE OWNER:	TAN Jas 6568804844	CC4/ASM200024	184/ H gas	3 LKK: IDAC: 1	60306
Name of Insured Free Fre			Lee Hook An	12/100	120	Date / Time .	20
Insured Vehicle No. SJT 787P	Pre-s	assign / CCU / I	FTE			105	ſ
Name of Insured PRAVEEN NAIR					Claim No.	S0M02FSK	(nx
Name of Insured Tel No. HP: Make / Model SUKIT TIMAH EXIT FROM CTE						GA114606	
Excess Sec II :SS	Name	e of Insured	: PRAVEEN NAIR		Policy No.		JESEL PRESTIGE
Secretary Company Co	Insur	red Tel No.	:н	P:	Make / Model		
If No, Driver Name / Age : RADHAKRISHNAN S/O KRISHNAN NAIR Driver Tel No.	Exce	ess Sec II :S\$	D	O.O.A: 08/02/2020 11:45	Place of Accide	nt: BUKIT TIMAH EXI	FROWICIE
Driver Tel No. +65-96360925 (V/L: YES/NO) Insured Liability: % Final ? Yes/No	Is dri	iver the owner?	(YES / NO) N	lature of Accident :			
Driver Tel No.			/ Age · RADHAKRISHNAN S	S/O KRISHNAN NAIR	OI GIA REPOR	RT: YES / NO ; TP GIA REPOR	RT: YES / NO
NSRS: NSRS: WSP: PET WSP: WSP: WSP: Tel: Liability: Liability:	II IN				Insured Liability	y: % Final? Ye	s / No
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NSRS: NSRS: NSRS: NSP: Tel: WSP: Tel: Liability: Liability: Liability: RMKS: R	SIV	1E 359K					
SME 359K SJT 787P NA/AIG20002235/z4; DOA - 08:02:2020 Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting	WSF Tel: Liab	P: SPEED A : WORKS pility:	AUTO WSP: Tel: Liability:		WSP: Tel: Liability:	WSP: Tel: Liabil	ity:
SME 399R NA/AIG20002235/z4; DGA : 08:02.2020 Non-Reporting lir (1ab): Non-Reporting lir (1ab):	Date/	Time					D / MD / DIG
Non-Reporting for (Tanl):				20002235/ 7 4· DOA · 08	02.2020	11/2/15/2020	DATE / PIC
Non-Reporting It (Final): Notification Itr (if non-pickup): Call OI:			SJT 787P	20002233/24, DOA . 00.	02.2020		
Call OI:							
After call lit to OI: Documentation Check List: Handler Typist							
Documentation Check List: Handler Typist							
Notification Itr (if non-pickup)							andler Typist
After call lir to OI: Authorisation To Act: Release Voucher: Final Repair Bill: Car Rental Invoice: Towing Invoice: LTA / GIA : LOD Payment Breakdown Form: PRELIMINARY ADVICE Date/Time: Sent By: PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: Ditorim by: Repair Cost: L/S ss 7150.00 (9 days) Reduction: 13,296.29% 65 FINAL SETTLEMENT Date/Time: 15/04/2020 Confirm with: Confirm by: Repair Cost: (W/GST) ss 7650.50 Loss of Rental (LOR): Ss 700.00 (10 days) x \$100 C.C (OI 2ND) Loss of Income (LOI): Ss (s x days) Loss of Income (LOI): Ss (s x days) LOR only V LOU only LOR + LOU LOR + LOI Tick only one GIA/LTA Search Ss 7.45 I) Claim status: Normal/Reject/Private Settle Disbursement: Ss (e.g. Tow/ Independent) Ss (9. Report Format: TP Disbursement: Ss (e.g. Tow/ Independent) Ss (9. Report Format: TP Disbursement: Ss (e.g. Tow/ Independent) Ss (9. Report Format: TP Disbursement: Ss (e.g. Tow/ Independent) Ss (9. Report Format: TP Disbursement: Ss (e.g. Tow/ Independent) Ss (9. Report Format: TP							
Release Voucher:							
Final Repair Bill:						Authorisation To Act:	
Car Rental Invoice						Release Voucher:	
Towing Invoice						Final Repair Bill:	
LTA / GIA :						Car Rental Invoice:	
Medical Bill:						Towing Invoice	
PIR:							
Mandate/Reject Instruction: LOD							
LOD							
Payment Breakdown Form: Post-Repair Photos: Others: Others							
PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos: Others: Others: Confirm with: Confirm by: Confirm b							
Others: Confirm with: Confirm by:	DD DIE 13 4151 1	DW ADMICE	D. (Ti	Cant Dur			
Confirm with: Confirm by: Call Call	PRELIMINA	ARY ADVICE	Date/Time:	Sent by.			
Repair Cost: L/S S\$ 7150.00 (9 days) Reduction: 13,296.29% 65 Email Call	EINAI IZAT	TON	Date/Time:	Confirm with:		Confirm by:	
FINAL SETTLEMENT Date/Time: 15/04/2020 Confirm with SUSAN Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 Repair Cost: (W/GST) S\$ 7650.50 Loss of Rental (LOR): S\$ 1000.00 (10 days) x \$100 C.C (OI 2ND) 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\$ 7.45 Medical: S\$					29% 65		Call
Final Liability: % 100						Email Call	
Repair Cost: (W/GST) S\$ 7650.50					28		0%
Loss of Rental (LOR): \$\$ 1000.00 (10 days) x \$100 C.C (OI 2ND) Loss of Use (LOU): \$\$ (\$ x days) Loss of Income (LOI): \$\$ (\$ x days) LOR only LOU only LOR + LOU LOR + LOI [Tick only one] GIA/LTA Search \$\$ 7.45 Medical: \$\$ 1) Claim status: Normal/Reject/Private Settle Disbursement: \$\$ (e.g. Tow/ Independent) 2) Report Format: TP Legal Cost \$\$\$ 3) Survey fee: \$350.00			ss 7650.50			0.0 (01.01/5)	
Loss of Income (LOI): S\$ (\$ x days) LOR only LOU only LOR + LOU LOR + LOI [Tick only one]						C.C (OI 2ND)	
LOR only	Loss of Use (I	LOU):					
S\$ 7.45					.1		
Medical: S\$ 1) Claim status: Normal/Reject/Private Settle Disbursement: S\$ (e.g. Tow/ Independent) 2) Report Format: TP Legal Cost S\$ 3) Survey fee: \$350.00				JK + LUI [Tick only one	:]		
Disbursement: S\$ (e.g. Tow/ Independent) 2) Report Format: TP		arch				1) Claim status: Normal/Rejec	t/Private Settle
Disbursement: S\$ (e.g. 16w/ independent / 2) Report S\$ Legal Cost S\$ 350.00				(a.g. Tow/ Independen	1)		
Legal Cost 55		:	10000	(e.g. 10w/ Hucpeliden		z) respore r drimmi	
Total: 5\$ 8057.95 Global Sam 54.	Total:			Global Sum S\$:			

s\$ 8657.95

ss 8657.95

Date/Time:

S\$

S\$

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

SPEED AUTO WORKS

Confirm with:

Name 1:

Name 2:

Name 3:

Email Call

MWW I MET: AXA ASSIGNMENT SME 359 / Yr Regn: 15 From Ciale. Estimated Cost: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover OD / TP / WS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or NISSAN Note To Inspect Vehicle No: Make: at Workshop m/s Colour Sp.Reading 26554/L T/Radio: Insured / Std / NI / NA Insured: Eng/No: Policy No. C/No: Claims No. Gen. Cond: Good / Fall / Poor / Burni Sum Insured: Excess: Sleering: Inorder / Jammed / Leaked / Burnt or (Client's Record) Brake: (Inorder / Jammed / Leaked / Burnt or Make of Veh: Modi: NII / S/RIm/ / STD A/RIm or . Tyre Size: (Policy Condition) Remark: The veh had commenced its N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO/YOKO or Bal. or Market Value: Front Rear Consistent?: Yes or No IDAC Accident Rport: R/Bal. R/Bal. Consistent?: Yes or No GIA / PR Seen: L/Bal. L/Bal. Res .: Yes or No D.O.A. Est. Repairs. D.O.I. 3 Val.: Yes or No Lum Sum: Survey held at Des. of Damages: Frt. I Rear J O/S I N/S I U/C I Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction mv -DV -NV-Date/Time, File Pass to? : Prell. Report Days Of Repair: : Final Report Resurvey No. of Trlp: Survey Fee: Date/Time. File Raturn to? Transportation; Add Fee: : Site Insp (\$ _S + RS.__SI

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10A 2 8/2/20 NV - 49000 PV - 29679 IVV (9306 John > 8yr Junh.

12 pr -> 5500 yn

5500 40 - 458

44000 + 3206 + 2500

= 49706

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Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars			
wner ID Type:	Singapore NRIC		
owner ID: Yehicle Details	631D		
ehicle No.:	SME359K		
ehicle to be Exported:	No		
ntended Deregistration Date:	14 Feb 2020		
ehicle Make:	NISSAN		
ehicle Model:	NOTE 1.2 CVT		
rimary Colour:	Grey		
Nanufacturing Year:	2018		
ngine No.:	HR12213120J		
hassis No.:	JN1TAAE12Z0982247		
Maximum Power Output:	58.0 kW (77 bhp)		
pen Market Value:	\$13,478.00		
Original Registration Date:	15 Sep 2018		
irst Registration Date:	15 Sep 2018		
ransfer Count:	0		
actual ARF Paid: ntended PARF Rebate Details	\$5,000.00 _ 7506		
ARF Eligibility:	Yes		
ARF Eligibility Expiry Date:	14 Sep 2028		
ARF Rebate Amount: ntended COE Rebate Details	\$3,750.00		
COE Expiry Date:	14 Sep 2028		
COE Category:	A - Car up to 1600cc & 97kW (130bhp)		
COE Period(Years):	10		
QP Paid:	\$30,209.00		
COE Rebate Amount:	\$25,929.00		
otal Rebate Amount:	\$29,679.00		

The information contained herein is correct as at 14 Feb 2020

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