15/5/2010		l			LKK:	
INS. CASE OWNE	ER:	CC 4/111 20	00 3325 /	Kgs3	IDAC:	
Surveyor:	Kenneth	ASSI	GNMENT 7 7070	Date / Time : _	27/7/2020	
Pre-assign / CCU				Registered in Meri	imen:	3070
Insured Vehicle N	10. : SHA 70)	2R	Claim No.	:		
Name of Insured			Policy No.			
	· -			-		
Insured Tel No.	1		Make / Model	:		
Excess Sec II :S\$		D.O.A: 23 2 2020	Place of Accid	ent :		
Is driver the owner	er? (YES / NO)	Nature of Accident :				
If NO , Driver Na Driver Tel		(V/L: YES / NO)	OI GIA REPO Insured Liabili	/	GIA REPORT: YES	3 / NO
SKK314	1 y				→	
INSRS: WSP: All Swell Tel: Liability: RMKS:	INSRS WSP: Tel: Liabilit RMKS	y:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	
Date/ Time						
	SKK 31494: CC4/AX SHA 70222: CC3/11	[18012945]Ktb3q2;	892; DOM: 16/6/16 DOM: 8/7/18	Non-Reporting ltr (Non-Reporting ltr (Non-Reporting ltr (Notification ltr (if n Call OI:	1st): 2nd): Final):	TE / PIC
				After call ltr to OI:		
					heck List: Handler	Typist
				Notification ltr (if n After call ltr to OI:	ion-pickup)	
				Authorisation To A	ct:	
				Release Voucher:		
				Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
				PIR:		
				Mandate/Reject In	nstruction:	
				LOD		
DEL DATALABLE ABLECO	3. D-4-/TE:	0		Payment Breakdo		
RELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photo	os:	
DIATIZATION	D + /m'			Others:		
NALIZATION	Date/Time:	Confirm with:		Confirm by:		

P Repair Cost: S\$ days) Reduction: Email Call FINAL SETTLEMENT Date/Time: Confirm with Email Call Final Liability: (Agreed / Assessed) BOLA S/N No.: % If NO or B 28, Ass. Lia: Repair Cost: S\$ Loss of Rental (LOR): S\$ days) Loss of Use (LOU): S\$ (\$ days) Loss of Income (LOI): (\$ days) LOR + LOU [LOR only LOU only LOR + LOI [Tick only one] GIA/LTA Search S\$ 1) Claim status: Normal/Reject/Private Settle Medical: S\$ S\$ (e.g. Tow/ Independent) 2) Report Format: Disbursement: 3) Survey fee: S\$ Legal Cost Total: S\$ Global Sum S\$: Call FINAL PAYMENT Date/Time: Confirm with: Email

Name 1:

Name 2:

Name 3:

S\$

S\$

S\$

Payee 1:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

Kenneth	
	ASSIGNMENT
From: Date:	Veh No: 5'KK 3149 Y Yr Regn: 06, 06
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TP IWS I TP RES I OD RES I EVA I INV I MV	Truck / Traller or
To Inspect Vehicle No:	Make: N/S Pyloh ss (494
at Workshop m/s /f [/swell	Colour A- A- I
of	San 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Insured: 04-05	Eng/No:
Policy No.	
Claims No.	C/No: JNIBAA CIII 70100267 Gen. Cond: Good Fair Poor I Burnt
Sum Insured: Excess:	
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Commed Leaked Burnt or
^	Modi: Nil /8/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F:
Remark: The veh had commenced its	OR RELIDIOUS 195/65 R15
repair at the time of inspection.	BS / BON EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM!
Bal. or Market Value: 8 P, 500L	
IDAC Accident Rport: Consistent? : Yes or No	Eront D Rear O
GIA / PR Seen: Consistent?: Yes or No	R/Bal. mm R/Bal. mm
Est. Repairs: days Res.: Yes or No	L/Bal. / mm L/Bal.
Lum Sum: 20 % 3 Val.: Yes or No	D.O.A. 63/2/20 D.O.I. 27/2/202
	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 / OL	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
GIA & EM not in the	intera
	vorap.
28/2 6/2m 8 21001 enoil	
The state of the s	
A company of the comp	Days Of Repair:
Date/Time, File Pass to? : Prell. Report	
Prell. Report	
Prell. Report	Resurvey No. of Trip: Survey Fee:
1) : Final Report Outs/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
1) : Final Report Oute/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation: Site Insp (\$) _S + RSSI
1) : Final Report Outs/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation: Site Insp (\$)S + RSSI Interview (\$) Factors
1) : Prell. Report Duta/Time, File Return to? Add Fee:	Resurvey No. of Trip: Survey Fee: Transportative: Site Insp (\$) _ \$ + RS \$I

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars			
Owner ID Type:	Singapore NRIC		
Owner ID: Vehicle Details	212F		
Vehicle No.:	SKK3149Y		
Vehicle to be Exported:	Yes		
ntended Deregistration Date:	29 Feb 2020		
Vehicle Make:	NISSAN		
Vehicle Model:	SYLPHY 1.5 4AT		
Primary Colour:	White		
Manufacturing Year:	2006		
Engine No.:	HR15334380		
Chassis No.:	JN1BAAG11Z0100267		
Maximum Power Output:	80.0 kW (107 bhp)		
Open Market Value:	\$17,830.00		
Original Registration Date:	01 Jun 2006		
First Registration Date:	01 Jun 2006		
Transfer Count:	2		
Actual ARF Paid: Intended PARF Rebate Details	\$19,613.00		
PARF Eligibility:	Forfeited		
PARF Eligibility Expiry Date:			
PARF Rebate Amount: Intended COE Rebate Details	\$0.00		
COE Expiry Date:	31 May 2021		
COE Category:	E - Open Category		
COE Period(Years):	5		
PQP Paid:	\$22,789.00		
COE Rebate Amount:	\$5,697.00		
Total Rebate Amount: Message	\$5,697.00		
Please note that the 5-year COE for this vehicle cannot be furth	her renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reach		

The information contained herein is correct as at 25 Feb 2020