/20			

Legal Cost

FINAL PAYMENT

Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)

Total:

Payee 1:

S\$

S\$

S\$

S\$

S\$

Date/Time:

LKK:

INS. CASE OWNER	<b>t</b> :	CC 6/A/G 2000	3700 /	UCS3 IDAC	
		ASSIGN	MENT		
0	Marcus		12020	Date / Time: 6/	3/2020
Surveyor:	1 0 0 0 0			Registered in Merimen:	6/3/2020
Pre-assign / CCU	/ FTE			Registered in Merimen.	<del></del>
	SLD 548	24	Claim No		
Insured Vehicle No			Claim No.	:	
Name of Insured	: 6701 Shell Ch	r Rental Pte Uto	Policy No.	:	
Insured Tel No.	:	HP:	Make / Model	:	
Excess Sec II :S\$		D.O.A: 2 3 7070	Place of Accid		
	- (AFEC / NO.)		1 1000 01 7 10010		
Is driver the owner	? ( YES / NO )	Nature of Accident :			
If NO, Driver Nan	ne / Age :			RT: YES / NO ; TP GIA R	
Driver Tel	No. :	(V/L: YES / NO)	Insured Liabili	ity: % Final	? Yes / No
GBC 9585	<b>E</b> →				
nyana	wigna nigna		DICDC		DICDC.
INSRS: WSP: Liu's B	INSRS WSP:		INSRS: WSP:	11 11	INSRS: WSP:
Tel:	Tel:	1-1	Tel:		Tel:
Liability:	Liabilit	y:	Liability:	K-V	Liability:
RMKS:	RMKS		RMKS:		RMKS:
Date/ Time					
	GBC958XE - X	, SLD5452H	: X	STAGE	DATE / PIC
				Non-Reporting ltr (1st):	
20/3/2020-	OINR			Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final): Notification ltr (if non-pickt	up):
				Call OI:	477
=				After call ltr to OI:	
				Documentation Check Lis	t: Handler Typist
				Notification ltr (if non-pickt	ар)
				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	on:
				LOD	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Payment Breakdown Form Post-Repair Photos:	n;
TREEDIMINARY ADVICE	Date/Time.	Sent By.		Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
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\$ (\$ x	days)			
Loss of Income (LOI):	S\$ (\$ x	days)			
LOR only LOU only		OR + LOI [Tick only one	2]		
GIA/LTA Search	S\$			Claim status: Normal/I	Paiant/Private Cattle
Medical:	S\$	(o or Town/Indonesia	at \	Claim status: Normal/I     Report Format:	xejecur rivate settle
Disbursement:	S\$	(e.g. Tow/ Independent	11 )	2) Report Format.	

Global Sum S\$:

Confirm with:

Name 1:

Name 2:

Name 3:

3) Survey fee:

Call

Email

(08/11/13) wef	REF:	Alli	/	
ASS. REC. BY: Marcus				
		ASSIGNMEN	1 2 . 0 ((0)()	1/2
From:	Date:	Veh No:	(185 2401 G	Yr Regn: ( ) 3 /
Estimated Cost:		Type: M.Ca	r / M.Cycle / Bus (Van / Lo	orry / Taxi / Prime Mover /
OD TP WS I TP RES I OD		Truc	k/Trailer or (M/	
To Inspect Vehicle No:	GBC 9585	Make:	FIAT Dob/s	Carso 1.6c.c 15-9 A/C: Insured / Std / NI
at Workshop m/s	liurs Ba	Colour	white	
of		Sp.Reading	200-	T/Radio: Insured / Std / N
Insured:		Eng/No:		
Policy No.		C/No:		300006106
Claims No.		Gen. Cond	Good / Fair / Poor / Burn	
Sum Insured:	Excess:	Steering: Ir	order / Jammed / Leaked	/ Burnt or
(Client's Record)		Brake: In	order / Jammed / Leaked	/ Burnt or
Make of Veh:		Modi: (N	i) / S/Rim / STD A/Rim o	
		Tyre Size:	F: 195	160R16
(Policy Condition)			R:	, , , ,
Remark: The veh had com	menced its	N/S O/S BS / DUN	EXNOVA / GY / FS / LIZA	/MIC/OHTSU/PIR/SUMI
repair at the time		TOYO/Y		922
Bal. or Market Value:	£24 -	Front		Rear /
IDAC Accident Rport:	Consistent?: Yes or		6 mm	R/Bal.
GIA / PR Seen:	Consistent? : Yes or		6 mm	L/Bal.
	days Res.: Yes or		2/3/20	D.O.I. 6/3/7
Est. Repairs:	% 3 Val.: Yes or		Id at —	
Lum Sum:	1 A A	2/11		N/S / U/C / Rooftop or
CA / REV / REP. /		whicle: IN / OUT	Reer	
Date: Pers	son Contacted:			dy Structure affected due to
Date / Time Action / 4	Instruction  y-S. Netf 43	3		
				-
Date/Time, File Pass to?	: Preli. Report	Days Of I		Construction
1)	: Preli. Report		Repair: / No. of Trip:	Survey Fee:
F		Resurve	/ No. of Trip:	Transportation:
1)		Resurvey	No. of Trip:	Transportation: )S+RS,SI
1) Date/Time, File Return to?		Resurvey  Add Fee: : S	No. of Trip: ite Insp (\$	Transportation: )S + RS,SI ) Photos
1) Date/Time, File Return to?	: Final Report	Resurvey  Add Fee: :S	No. of Trip:	Transportation: )S+RS,SI

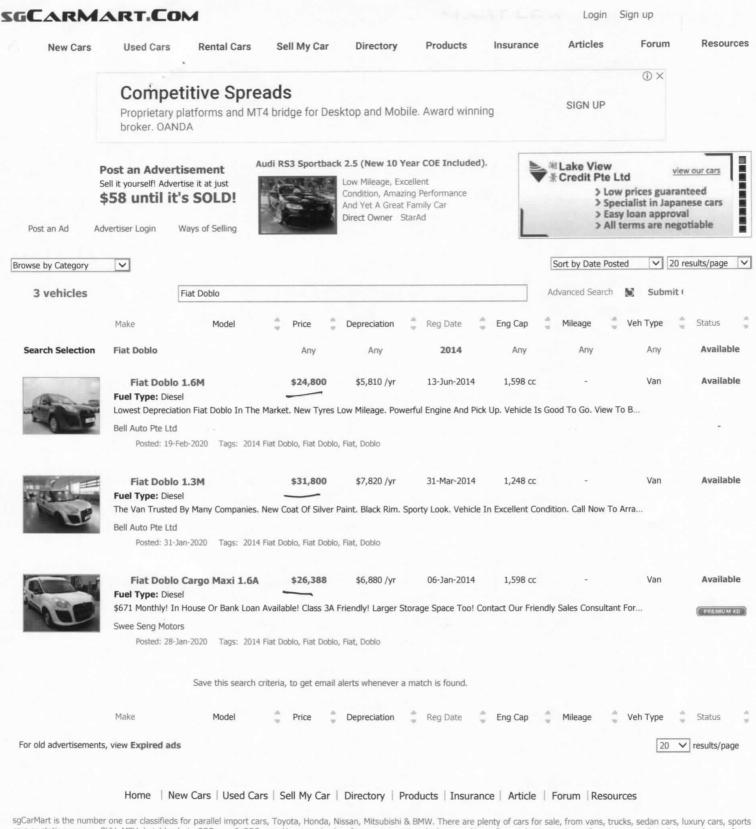
## > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

ehicle Owner Particulars	the second secon		
Owner ID Type:	Company		
Owner ID:	196N		
/ehicle Details			
/ehicle No.:	GBC9585E		
/ehicle to be Exported:	No		
ntended Deregistration Date:	06 Mar 2020		
/ehicle Make:	FIAT		
/ehicle Model:	DOBLO CARGO SX JTD 1.6 MJ		
Primary Colour:	White		
Manufacturing Year:	2013		
Engine No.:	198A30007002524		
Chassis No.:	ZFA26300006106228		
Maximum Power Output:			
Open Market Value:	\$20,062.00		
Original Registration Date:	17 Mar 2014		
First Registration Date:	17 Mar 2014		
ransfer Count:	1		
Actual ARF Paid:	\$1,004.00		
ntended PARF Rebate Details			
PARF Eligibility:	No		
PARF Eligibility Expiry Date:			
PARF Rebate Amount:	\$0.00		
ntended COE Rebate Details			
OE Expiry Date:	16 Mar 2024		
OE Category:	C - Goods Vehicle & Bus		
COE Period(Years):	10		
QP Paid:	\$48,889.00		
COE Rebate Amount:	\$19,687.00		
otal Rebate Amount:	\$19,687.00		

The information contained herein is correct as at 06 Mar 2020

OK



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