5/5/2010		

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

S\$

S\$

Name 2: Name 3:

INS. CASE OWNER		CC 4/A16/20	000 4292	1 Kess	IDAC:	1.13
		ASS	IGNMENT		41	
Surveyor:	Kenneth	DOI: 19	3/2020	_ Date / Time :	20/3/2020	
Surveyor.	1201111111			_	men: 20/3/2	102 tz
Pre-assign / CCU /	FTE			Registered in Meri	men:	70-0
Troussign / CCO /		m 1				
Insured Vehicle No.	86N6	00 L	Claim No.	:		_
Name of Insured			Policy No.			
L_U						
Insured Tel No.	-:		Make / Mode			-
Excess Sec II :S\$		D.O.A: 18 3 7070	Place of Acc	ident :		
Is driver the owner?	( YES / NO )	Nature of Accident :				
If NO, Driver Nam	ne / Age :		OI GIA REP	ORT: YES / NO ; TP	GIA REPORT: YES / N	NO
Driver Tel N		(V/L: YES / NO)	Insured Liab		Final? Yes/No	
0.044						
SMF 6117	9 - SAV	16001	5370	1×03B	<b>→</b>	_
INSRS:	INSRS:		INSRS:		INSRS:	
WSP:	WSP:		WSP:MA	ssive	WSP:	
Tel:	Tel:	H-A	Tel: Tv Liability:	rading HH	Tel:	
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RMKS:	RMKS:	(01)	RMKS:	(7P)	RMKS:	
Date/ Time						
	SJZ9503 B: CC6/	AIG 14003430/Uh	1392; DOA: 20/2/	STAGE	DATE /	PIC
	SGN 600L: CSIFCIIO	5003704/M/g6K3	, DOA: 27/7/15	Non-Reporting ltr (1		
				Non-Reporting ltr (2 Non-Reporting ltr (1		
	6			Notification ltr (if no		
				Call OI:		
	200			After call ltr to OI:		
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	y v			Notification ltr (if no	on-pickup)	
				After call ltr to OI:		
				Authorisation To A	ct:	
				Release Voucher: Final Repair Bill:		
				Car Rental Invoice:		
				Towing Invoice		
				LTA / GIA :		
				Medical Bill:		
				PIR:		
				Mandate/Reject In	nstruction:	
				LOD		
				Payment Breakdo	wn Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photo	os:	
				Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	S\$ (	days) Reduction:	%		Email Call	
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	W. S. C. L. C.	
Final Liability:		Assessed) BOLA S/N No.	:	If NO or B 28, As	ss. Lia :	
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LOR only LOU only		OR + LOI [Tick on	ly one]			
GIA/LTA Search	S\$	Care Don Liter on	,,			
Medical:	S\$			1) Claim status: N	Normal/Reject/Private Se	ettle
Disbursement:	S\$	(e.g. Tow/ Indep	pendent)	2) Report Format		
Legal Cost	S\$			3) Survey fee:		
Total:	S\$	Global Sum S\$:				
FINAL PAYMENT	Date/Time:	Confirm with:		Email Cal		-
Payee 1:	S\$	Name 1:				

From: Date: STRSSO3B Yr Repn: D1   1   1   1   1   1   1   1   1   1	nneth	ASSIGNMENT
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Truck   Trailer or Make: N/I Tuk c.c.   Make: N/I T	Vote.	Veh No: Veh No
To inspect Vehicle No:  at Workshop m/s  of  at Workshop m/s  At Claims No.  Sum insured:  Claims No.  Sum insured:  (Client's Record)  Make of Veh:  (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Salt or Market Value:  BY 15 Solt  DAC Accident Roord  Consistent?: Yes or No.  Salt or Market Value:  At I REV   REP.   24 HRS  Person Contacted:  Person Contacted:  Vehicle: IN I OUT  At Rev   Rep.   24 HRS  Person Contacted:  Vehicle: IN I OUT  At Rev   Rep.   24 HRS  Person Contacted:  Person Contacted:  Person Contacted:  Person Contacted:  The Utc   Chassis frame   Body Structure affected due to collision  The Utc   Chassis frame   Body Structure affected due to collision  Add Fee:  Site Insp (\$ ) \$ - RS S S    Interception (\$ ) \$ - RS S S S    Interception (\$ ) \$ - RS S S S S S S S S S S S S S S S S S	OD VTP LWS / TP RES / OD RES / FVA / INV / NIV	
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Sp. Reading   TOJTT Tradic: Insured   Std   NI   I   EngNo:  Claims No.  Claims No.  Claims Record)  Make of Veh:  (Client's Record)  Make of Veh:  (Pedcy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Sal. or Market Value:  DAC Accident Roort  Consistent?: Yes or No  St. Repairs:   Toy or No.  Lin / PR Soen:   Consistent?: Yes or No  St. Repairs:   Toy or No.  A / REV / REP. / 24 HRS  Description   Record   Toy or No.  A / REV / REP. / 24 HRS  Description   Record   R		
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(Clent's Record)  Make of Veh:  (Policy Condition)  Remark: In order   Jammed   Leaked   Burnt or    Modi: NIII   SRTim   STD ARitm or    Tyre Size: F: 2   5   5   7    Remark: The veh had commenced its    repair at the time of inspection.    Sal. or Market Value: B   P, Sout    DAC Accident Rport: Consistent?: Yes or No    St. Ropairs: 3 - 4 days Res.: Yes or No    St. Ropairs: 3 - 4 days Res.: Yes or No    Jum Sum: 2 0 % 3 Val.: Yes or No    A   REV   REP.   24 HRS    Wehicle: IN   OUT    Person Contacted: Vehicle: IN   OUT    The U/C   Chassis frame   Body Structure affected due to collision    Timo, File Pass to?    Prell. Report    Resurvey No. of Trip: Survey Fee:    Timo, File Return to?    Add Fee:    Site Insp (\$ )   5 - RS St    Interview (\$ )    Tresch Invs (\$ 5    Teach	S	
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Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars	Sizzanza NDIC	
Owner ID Type:	Singapore NRIC	-
owner ID: /ehicle Details	922F	
/ehicle No.:	SJZ9503B	
/ehicle to be Exported:	No	
ntended Deregistration Date:	20 Mar 2020	
/ehicle Make:	NISSAN	
/ehicle Model:	JUKE 1.6 MCVT ABS D/AB 2WD 5DR HID	
Primary Colour:	Red	
Manufacturing Year:	2010	
Engine No.:	MR16026329A	
Chassis No.:	JN1FAAF15Z0005016	
Maximum Power Output:	140.0 kW (187 bhp)	
Open Market Value:	\$25,245.00	
Original Registration Date:	11 Jan 2011	
First Registration Date:	11 Jan 2011	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$25,245.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	10 Jan 2021	
PARF Rebate Amount: Intended COE Rebate Details	\$12,622.00	
COE Expiry Date:	10 Jan 2021	
COE Category:	B - Car (1601cc & above)	
COE Period(Years):	10	
QP Paid:	\$45,501.00	
COE Rebate Amount:	\$3,669.00	
Total Rebate Amount:	\$16,291.00	

The information contained herein is correct as at 20 Mar 2020

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