	15/5/2010		_	22013	LKK:		
	INS. CASE OWNER	ξ:	CC 6 / AIG170) / [21 uas IDAC:		*
	Surveyor:	MASUR /	DOI:	IGNMENT	Date / Time :	-12-13	
	Pre-assign / CCU	/ FTE			Registered in Merimen:	1-1-17	_
	Insured Vehicle No	CCUA	1385R	Claim No.	:		64
A A	Name of Insured	1		Policy No.	:		U()
	Insured Tel No.	9	HP:	Make / Model	•		
	Excess Sec II :SS		D.O.A: 24 11 17	Place of Accid			
	Is driver the owner		Nature of Accident :	11000 01110010			
4	If NO, Driver Nan			OI GIA PEDO	RT: YES / NO ; TP GIA REP	ODT. VEG /NO	
	Driver Tel 1	No. :	(V/L: YES / NO)	Insured Liabili			
	Shu 5152	<u>√</u> \		-			_
	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:	y:	INSRS: WSP: Tel: Liability: RMKS:	WS Tel Lia		
	Date/ Time						
PRELIM	MINARY ADVICE	Shwsts V J MMW Shygs Shwsts V J MMW Date/Time:	Sent By:	1 DOA: 29 W 2017	STAGE 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: 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 Payment Breakdown Form: Post-Repair Photos:		
			30M 291		Others:		
-	ZATION	Date/Time:	Confirm with:		Confirm by:		
Repair C	ost: SETTLEMENT	S\$ (Date/Time:	days) Reduction:	%	Email _	Call	
Final Lia			Assessed) BOLA S/N No. :		Email Call If NO or B 28, Ass. Lia:		
Repair C		S\$ (Agreed)	Assessed BOLA S/N NO. ;		II NO 01 D 20, ASS. LIA:		
	Rental (LOR):	S\$ (days)				
	Jse (LOU):	S\$ (\$ x	days)				
Loss of In	ncome (LOI): y LOU only	S\$ (\$ x LOR + LOU LO	days) OR + LOI [Tick onl	vonel			
GIA/LTA		S\$	I LOI LICK ONI	y one;			
Medical:		S\$			1) Claim status: Normal/Reje	ect/Private Settle	
Disburser		S\$	(e.g. Tow/ Indep	endent)	2) Report Format:	7	
Legal Co.	SI	S\$ S\$	Global Sum SS:		3) Survey fee:		
	PAYMENT		Confirm with:		Email Call	DESCRIPTION STORY STORY	
Payee 1:			Name 1:		Email Call		
	(Strike if N.A.)		Name 1:		5505 April 1		
	(Strike if N.A.)		Name 3:	Α	igner too		
Designation of the last		AND RESIDENCE OF THE PARTY OF T	The second secon	NA NATIONAL PROPERTY OF THE PR	The second of th		ALL WASHINGTON

ASSIGNMENT

From: Date: 01-122077	Veh No. Shu 5(52T Yr Regn. 2007 MBy			
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /			
OD (TP) / WS / TP RES / OD RES / EVA / INV / MY	Truck / Trailer or			
To Inspect Vehicle No:	Make: Toyota vios S Ams or 1497 Colour GREY A/C: Insured/Std/NI/NA			
at Workshop m/s Soon Sun	Colour GREY A/C: Insured / Std / NI / NA			
of Blk 3006 Ubi RU 1 #01-390	Sp.Reading (7/47) TRadio: Insured / Std / NI / NA			
Insured:	Eng/No:			
Policy No.	CINO: MRO53 HY9 30500 1496			
Claims No.	Gen. Cond: Good / Fait / Poor / Burnt			
Sum Insured: Excess:	Steering: norder / Jammed / Leaked / Burnt or			
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or			
Make of Veh:	Modi: Nil / S/Bim / STD A/Rim or			
	Tyre Size: F: 195/55 Rus			
(Policy Condition)	R:			
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 CONTINGUAL			
Bal. or Market Value: 33K	<u>Front</u> <u>Rear</u>			
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. S mm R/Bal. S mm			
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 5 mm L/Bal. 5 mm			
Est. Repairs: days Res.: Yes or No	D.O.A. 29 11 17 D.O.I. 01/12/17			
Lum Sum: % 3 Val.: Yes or No	Survey held at Sow SAW			
CA / REV / REP. / 24 HRS	Des. of Damages : Frt. Rear / O/S / N/S / U/C / Rooftop or			
Vehicle: IN / OUT Date: Person Contacted:	The IIIO / Changis frame / Barby Shrushyra offeeted due to collision			
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.			
Date Filmo Acquir mataged				
•				
,				
Date/Time. File Pass to? : Preli. Report	Days Of Repair:			
participation of the control of the	Resurvey No. of Trip: Survey Fee:			
Date/Time, File Return to?	Transportation			
Add Fee	: Site Insp (\$,)s-Pssi			
	Interview (\$) Photos			
Report Format :	Tech. Invs (\$) them			
Lump Sum / I.B.I: (\$	Weekend (\$			

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type	Singapore NRIC	
Owner ID	4365D	
Vehicle Details		
Vehicle No.	SGU5152T	
Vehicle to be Exported	No	
Intended De-registration Date	01 Dec 2017	
Vehicle Make	TOYOTA	
Vehicle Model	VIOSJAUTO	
Primary Colour	Silver	
Manufacturing Year	2007	
Engine No.	1NZX545876	
Chassis No.	MR053HY930500149	6
Maximum Power Output	80.0 kW (107 bhp)	
Open Market Value	\$12,441.00	
Original Registration Date	17 May 2007	
First Registration Date	17 May 2007	
Transfer Count	2	
Actual ARF Paid	\$13,686.00	
Intended PARF Rebate Details		
PARF Eligibility	Forfeited	
PARF Eligibility Expiry Date	-	
PARF Rebate Amount	\$0.00	
Intended COE Rebate Details	17.77.7	
COE Expiry Date	30 Apr 2022	
COE Category	3 <u>0 Apr 2022</u> E - Open Category	
COE Period(Years)	5	33,000
PQP Paid	\$25,115.00	22.170
COE Rebate Amount	\$22,170.00	230
Total Rebate Amount	\$22,170.00	10,8,0
Message	Ψ 22 ,170.00	33,000
Please note that the 5-year COE for this vehicle car		

The information contained herein is correct as at 01 Dec 2017