

INS. CASE OWNER:

CC 4/AIG1800 6624, Uua3

LKK:

IDAC:

Surveyor:

mArcus

DOI:

ASSIGNMENT

11-4-18

Date / Time:

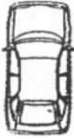
09-4-18

Registered in Merimen:

10-4-18

Pre-assign / CCU / FTE

SLV 4812P



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 9/2/18

Place of Accident :

Is driver the owner? ( YES / NO ) Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SJH 8591 Y

INSRS: Private Auto  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                        |                                   |                                    | STAGE   | DATE / PIC                     |                               |
|-----------------------------------|-----------------------------------|------------------------------------|---|--------------------------------|-------------------------------|
|                                   | SJH 8591 Y - X                    | SLV 4812P - X                      | Non-Reporting ltr (1st):                      |                                |                               |
|                                   |                                   |                                    | Non-Reporting ltr (2nd):                      |                                |                               |
|                                   |                                   |                                    | Non-Reporting ltr (Final):                    |                                |                               |
|                                   |                                   |                                    | Notification ltr (if non-pickup):             |                                |                               |
|                                   |                                   |                                    | Call OI:                                      |                                |                               |
|                                   |                                   |                                    | After call ltr to OI:                         |                                |                               |
|                                   |                                   |                                    | <b>Documentation Check List:</b>              | <b>Handler</b> <b>Typist</b>   |                               |
|                                   |                                   |                                    | Notification ltr (if non-pickup)              | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                    | After call ltr to OI:                         | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                    | Authorisation To Act:                         | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                    | Release Voucher:                              | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                    | Final Repair Bill:                            | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                    | Car Rental Invoice:                           | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                    | Towing Invoice                                | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                    | LTA / GIA :                                   | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                    | Medical Bill:                                 | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                    | PIR:  | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                    | Mandate/Reject Instruction:                   | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                    | LOD   | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                    | Payment Breakdown Form:                       | <input type="checkbox"/>       | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b>         | Date/Time:                        | Sent By:                           | Post-Repair Photos:                           | <input type="checkbox"/>       | <input type="checkbox"/>      |
|                                   |                                   |                                    | Others:                                       | <input type="checkbox"/>       | <input type="checkbox"/>      |
| <b>FINALIZATION</b>               | Date/Time:                        | Confirm with:                      | Confirm by:                                   |                                |                               |
| Repair Cost:                      | S\$                               | ( days) Reduction:                 | %   | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>           | Date/Time:                        | Confirm with                       | Email <input type="checkbox"/>                | Call <input type="checkbox"/>  |                               |
| 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 <input type="checkbox"/> | LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LOI <input type="checkbox"/>            | [Tick only one]                |                               |
| GIA/LTA Search                    | S\$                               |                                    |   |                                |                               |
| Medical:                          | S\$                               |                                    | 1) Claim status: Normal/Reject/Private Settle |                                |                               |
| Disbursement:                     | S\$                               | (e.g. Tow/ Independent )           | 2) Report Format:                             |                                |                               |
| Legal Cost                        | S\$                               |                                    | 3) Survey fee:                                |                                |                               |
| <b>Total:</b>                     | S\$                               | <b>Global Sum S\$:</b>             |   |                                |                               |
| <b>FINAL PAYMENT</b>              | Date/Time:                        | Confirm with:                      | Email <input type="checkbox"/>                | Call <input type="checkbox"/>  |                               |
| Payee 1:                          | S\$                               | Name 1:                            |   |                                |                               |
| Payee 2: (Strike if N.A.)         | S\$                               | Name 2:                            |   |                                |                               |
| Payee 3: (Strike if N.A.)         | S\$                               | Name 3:                            |   |                                |                               |

AIG /  
ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: 5JH85914at Workshop m/s Marcus

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

|     |     |
|-----|-----|
|     |     |
| N/S | O/S |
|     |     |

Bal. or Market Value: 10k.

IDAC Accident Report Consistent? : Yes or No

GIA / PR Seen: 2 Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time Action / Instruction 27/11/13Veh No: 5JH85914 Yr Regn: 8 / 08Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAMake: Mif Lance C.O. 1584Colour: white A/C: Insured / Std / NI / NASp. Reading: 233935 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 3M15TC53A8U000046Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/60 R15

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front 6 Rear 6

R/Bal. \_\_\_\_\_ mm R/Bal. \_\_\_\_\_ mm

L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm

D.O.A. 9/2/18 D.O.I. 1/9/18

Survey held at \_\_\_\_\_

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report1) \_\_\_\_\_  
Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\_\_\_\_ \$ + RS. \_\_\_\_ SI

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

Report Format : \_\_\_\_\_

Lump Sum / I.B.I. (\$) \_\_\_\_\_

## Enquire PARF/COE Rebate for Registered Vehicle

|                                     |                   |
|-------------------------------------|-------------------|
| <b>Vehicle Owner Particulars</b>    |                   |
| Owner ID Type:                      | Singapore NRIC    |
| Owner ID:                           | 3272A             |
| <b>Vehicle Details</b>              |                   |
| Vehicle No.:                        | SJH8591Y          |
| Vehicle to be Exported:             | No                |
| Intended De-registration Date:      | 11 Apr 2018       |
| Vehicle Make:                       | MITSUBISHI        |
| Vehicle Model:                      | LANCER 1.6 A      |
| Primary Colour:                     | White             |
| Manufacturing Year:                 | 2008              |
| Engine No.:                         | 4G18JR4811        |
| Chassis No.:                        | JMYSTCS3A8U008046 |
| Maximum Power Output:               | 79.0 kW (105 bhp) |
| Open Market Value:                  | \$11,264.00       |
| Original Registration Date:         | 27 Aug 2008       |
| First Registration Date:            | 27 Aug 2008       |
| Transfer Count:                     | 0                 |
| Actual ARF Paid:                    | \$11,264.00       |
| <b>Intended PARF Rebate Details</b> |                   |
| PARF Eligibility:                   | Yes               |
| PARF Eligibility Expiry Date:       | 26 Aug 2018       |
| PARF Rebate Amount:                 | \$5,632.00        |
| <b>Intended COE Rebate Details</b>  |                   |
| COE Expiry Date:                    | 26 Aug 2018       |
| COE Category:                       | E - Open Category |
| COE Period(Years):                  | 10                |
| QP Paid:                            | \$14,001.00       |
| COE Rebate Amount:                  | \$496.00          |
| <b>Total Rebate Amount:</b>         | <b>\$6,128.00</b> |

The information contained herein is correct as at 11 Apr 2018

OK

## FREE VALUATION

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How much is my car worth?



Mitsubishi Lancer

Price Range

Depreciation

2008

Vehicle Type



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## Mitsubishi Lancer 1.6A GLX

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## Car Details

Price \$10,000

Depreciation \$6,340 /yr

View models with similar depreciation

Reg Date 29-Oct-2008  
(6mths 17days COE left)

Manufactured 2008

Mileage -

Transmission Auto

Engine Cap 1,584 cc

Road Tax \$734 /yr

Power 79.0 kW (105 bhp)  
View specs of the Mitsubishi Lancer (2006-2008)

Curb Weight 1,162 kg

Features 1.6 Inline 4 Cylinder 16 Valve SOHC Engine. Smooth  
CVT Auto Transmission. And Dual Airbags.Accessories Sports Rims, Leather Seats. Reverse Sensors,  
Immobilizer.Description Fixed Price. Cheap Daily Drive. Please Call To Arrange  
An Appointment For Viewing.

COE \$14,100

OMV \$13,053

ARF \$13,053

Dereg Value \$7,299 as of today (change)

No. of Owners 2

Type of Veh Mid-Sized Sedan

Category PARF Car

Availability Available

Add to Shortlist

Add to Compare

Add a Note

Posted on: 27-Mar-2018 | Last Updated on: 09-Apr-2018

Tags: Mitsubishi Lancer, 2008 Mitsubishi Lancer, Mitsubishi, Lancer, Used Mitsubishi

## Upfront Payment

\* more Financial info

Transfer Fee \$25

Down Payment \$3,000 (change)

Maximum 70% Loan

1st Instalment \$1,184

Total Upfront Payment \$4,209 (excluding insurance)



## Seller Information

Company

Eezy Solutions Pte Ltd

» dealer's pricelist

» 11 vehs sold | 16 vehs available

Address

1 Claymore Drive #02-03

Search cars nearby this location

Location

Orchard Towers Rear Block Apt

Office No

62626368

Contact Person(s)

Roy

94897778

Nic

84441881

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