Chan Kian Meng INS. CASE OWNER:

CC6/AIG19016034/Aka3

LKK: IDAC:

ASSIGNMENT

ADRIAN Surveyor:

DOI: 09/09/2019

09/09/2019 Date / Time:

0432086098SG

2100449357

09/09/2019 Registered in Merimen:

NISSAN SYLPHY 1.6 PREMIUM

BUKIT BATOK WEST AVE 3

Pre-assign / CCU / FTE

Name of Insured

Insured Tel No.

Excess Sec II :S\$

SKZ 4413Z Insured Vehicle No.

CHEONG KAH KAY, GABRIEL (ZHANG JIAQI)

HP: +65-97325833 D.O.A: 05/09/2019

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

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

If NO, Driver Name / Age : LIM PEI LIN OLIVIA

Driver Tel No.: +65-94755798 (V/L: YES / NO)

Insured Liability: Final? Yes/No

SKZ 4413Z

OI

INSRS:

Liability:

RMKS:

WSP:

Tel:

SJQ 526S

INSRS: WSP: MG Tel: SOLUTION Liability:

RMKS: TP **SKR 6148T** INSRS:

WSP: Tel: Liability: RMKS:

Claim No.

Policy No.

Make / Model

Place of Accident:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	0.10.5000 7			OTTA CITE	70.4	TEL / DIG		
	SJQ 526S 7	NA/AIC10	015851/r3; DOA: 5/9/19	STAGE		TE / PIC		
	SKZ 4413Z	NAVAIGIS	013031/13, DOA. 3/9/19	Non-Reporting ltr (1st Non-Reporting ltr (2n				
				Non-Reporting ltr (Fit				
					-pickup):			
				Call OI:	promp),			
					After call ltr to OI:			
				Documentation Che	Documentation Check List: Handler Typis			
				Notification ltr (if non	-pickup)			
				After call ltr to OI:	\overline{V}			
				Authorisation To Act:	$\overline{\ }$			
				Release Voucher:	$\overline{}$			
				Final Repair Bill:	$\overline{}$			
				Car Rental Invoice:				
				Towing Invoice				
				LTA / GIA :	$\overline{\nabla}$			
				Medical Bill:		1 -		
				PIR:				
				Mandate/Reject Inst	mation:	-		
				LOD	ruction.	-		
				Payment Breakdown				
DEL BANGERY ADVICE	D. t. C.		Cont Dan	-	Tom.			
RELIMINARY ADVICE	Date/Time:		Sent By:	Post-Repair Photos: Others:				
	-		0 5 14					
INALIZATION enair Cost: L/S	Date/Time:		Confirm with:	Confirm by:	Email Call			
сран сол.	MAR.		Reduction: 6,462.11/57%%		Email Call			
INAL SETTLEMENT	Date/Time: 18/8/20			Email Call	100			
inal Liability:		% 100 (Agreed / Assessed) BOLA S/N No.: 28			If NO or B 28, Ass. Lia: 100			
epair Cost: (w/GST)		\$\$ 5,243.00			three vehicle chain collision,			
oss of Rental (LOR):		S\$ (days)			Insured last vehicle			
oss of Use (LOU):	S\$ 360.00 (\$60	x 6 days						
oss of Income (LOI):	S\$ (\$	x days	·					
OR only LOU only	LOR + LOU	LOR + LO	[Tick only one]					
SIA/LTA Search	S\$ 7.45							
fedical:	SS	SS			Claim status: Normal/Reject/Private Settle			
risbursement:	S\$ (e.g. Tow/ Independent)			2) Report Format:	TP \$320			
egal Cost	S\$			3) Survey fee:	\$320			
otal:	S\$ 5,610.45	Global S	Sum S\$: 5,610.00		_			
INAL PAYMENT	Date/Time:	Confirm	with:	Email Call_				
ayee 1:	ss 5,610.00	Name 1:	MG Solution Pte Ltd					
		Name 2:	Action to the second se					
ayee 2: (Strike if N.A.)	S\$	Name 2.						

. SEC. BY

ASSIGNMENT

Provide:	Veh No. SJQ5268, Yr Regn 2009 April
NO.	Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	Truck / Trailer or
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Make: Suzuki SX4 cc 1586
To Inspect Vehicle No:	Planto NC: Insured Std NI / NA
at Workshop m/s	Colour Olace
of	op. Neading (1000
Insured:	Eng/No: JSAGYC21SOO 202830
Policy No.	
Claims No.	Gen. Cond Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / 8/Rim / STD A/Rim or
	Tyre Size: F: 185/65R15
(Policy Condition)	R: 195/65 R15
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 OF Gre Max.
Bal, or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 09/09/19.
Lum Sum: % 3 Val.: Yes or No	Survey held at MG Solution.
Edit Oditi.	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Rees N/S, Front.
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	21/2/20
TPAIG.	COE Expiry: 31/03/24.
MV: 2AK.	
PV : 11.6K	
Nett, 12.4K	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fe	Experience of the control of the con
	: Interview (\$) Photos
Pepoit Forms (:Tech. Invs (\$) Others
Lung Sum / LB.f: (S	: West and (S
	TGFEL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	180D	
Vehicle Details		
Vehicle No.:	SJQ526S	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	09 Sep 2019	
Vehicle Make:	SUZUKI	
Vehicle Model:	SX4 1.6NB AT	
Primary Colour:	Black	
Manufacturing Year:	2008	
Engine No.:	M16A1444363	
Chassis No.:	JSAGYC21S00202830	
Maximum Power Output:	75.0 kW (100 bhp)	
Open Market Value:	\$14,309.00	
Original Registration Date:	23 Apr 2009	
First Registration Date:	23 Apr 2009	
Transfer Count:	3	
Actual ARF Paid:	\$859.00	
Intended PARF Rebate Details		Bell Witter Hill Will Co
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
Intended COE Rebate Details		
COE Expiry Date:	31 Mar 2024	
COE Category:	E - Open Category	
COE Period(Years):	5	
PQP Paid:	\$12,763.00	
COE Rebate Amount:	\$11,637.00	
Total Rebate Amount:	\$11,637.00	

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 09 Sep 2019

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