15	HC:	mi	4.1	n	

SALIHA

## CC6/AIG19017173/Aha3

LKK:
IDAC:

Th. Ten	CALCIE	CATTAITTE
		OWNER

AS

SI	GNN	LEN:	Ľ
			_

Surveyor:

**ADRIAN** 

DOI: 30/09/2019

30/09/2019 Date / Time:

Registered in Merimen:

#### Pre-assign / CCU / FTE



SDB 2524J Insured Vehicle No.

MR KHAW E SIANG

Claim No.

4520205510SG

Name of Insured

Policy No.

2100435277

Insured Tel No. Excess Sec II:S\$ HP: +65-96953499 D.O.A: 28/09/2019 08:50

MAZDA 6-2.0 4-DOOR SEDAN (A)

(YES / NO)

SLIP ROAD OF CAVENAGH ROAD INTO BUYONG ROAD

Is driver the owner?

Nature of Accident :

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

If NO, Driver Name / Age:

(V/L: YES / NO) Driver Tel No.:

Final? Yes/No Insured Liability:

### SGE 1632K



INSRS:

WSP: SM AUTOMOTIVE

Tel: Liability



INSRS:

WSP: Tel: Liability:



INSRS: WSP: Tel:

Liability



INSRS: WSP: Tel: Liability:

	SDB 2524J - CS/AIG12011737/Ry1k3; DOA: 18/10/11	STAGE DATE / PIC	
	SGE 1632K - CC6/AIG18023169/Ajb3q2; DOA: 15/12/18 - CS/FCI17019427/Aqbe2; DOA: 08/10/17	Non-Reporting ltr (1st):	
	- CS/FCI17019427/Aqbe2; DOA: 08/10/17	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
		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:	
PRELIMINARY ADVICE	E Date/Time: Sent By:	Post-Repair Photos:	
	•	Others:	
DENIAR EGIAGOS	Date/Time: Confirm with:	Confirm by:	
INALIZATION			
	S\$ ( days) Reduction: %	Email Call	
Repair Cost:	S\$ ( days) Reduction: %  Date/Time: Confirm with	Email Call Email	
Repair Cost: FINAL SETTLEMENT	the state of the s		
Repair Cost: FINAL SETTLEMENT Final Liability:	Date/Time: Confirm with	Email Call	
Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost:	Date/Time: Confirm with  (Agreed / Assessed) BOLA S/N No.:	Email Call	
Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR):	Date/Time: Confirm with  % (Agreed / Assessed) BOLA S/N No.:  SS	Email Call	
Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU):	Date/Time: Confirm with  % (Agreed / Assessed) BOLA S/N No.:  S\$  \$\$\$ ( days)	Email Call	
Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI):	Date/Time:   Confirm with   %	Email Call	
Repair Cost:  FINAL SETTLEMENT  Final Liability: Repair Cost:  Loss of Rental (LOR):  Loss of Use (LOU):  Loss of Income (LOI):  LOR only LOU only	Date/Time:   Confirm with   %	Email Call If NO or B 28, Ass. Lia:	
Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only EIA/LTA Search	Date/Time:   Confirm with	Email Call	
Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical:	Date/Time:   Confirm with	Email Call If NO or B 28, Ass. Lia:	
Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement:	Date/Time:   Confirm with   %	Email Call  If NO or B 28, Ass. Lia:  1) Claim status: Normal/Reject/Private Settle	
Repair Cost:  FINAL SETTLEMENT  Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only  GIA/LTA Search  Medical: Disbursement: Legal Cost	Date/Time:   Confirm with   %	Email Call  If NO or B 28, Ass. Lia:  1) Claim status: Normal/Reject/Private Settle 2) Report Format:	
Repair Cost:  FINAL SETTLEMENT  Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only  GIA/LTA Search  Medical: Disbursement: Legal Cost  Fotal:	Date/Time:   Confirm with   %	Email Call  If NO or B 28, Ass. Lia:  1) Claim status: Normal/Reject/Private Settle 2) Report Format:	
Repair Cost:  FINAL SETTLEMENT  Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only  GIA/LTA Search  Medical: Disbursement: Legal Cost  Fotal:  FINAL PAYMENT	Date/Time:   Confirm with   %	Email Call  If NO or B 28, Ass. Lia:  1) Claim status: Normal/Reject/Private Settle 2) Report Format: 3) Survey fee:	
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost Fotal: FINAL PAYMENT Payee 1: Payee 2: (Strike if N.A.)	Date/Time:   Confirm with   %	Email Call  If NO or B 28, Ass. Lia:  1) Claim status: Normal/Reject/Private Settle 2) Report Format: 3) Survey fee:	

REF:

17/73/Ah.

# ASSIGNMENT

From:	Date:	Veh No: SG	E163214	Yr Regn: 2006 March.
Estimated Cost				// Taxi / Prime Mover /
	TP RES / OD RES / EVA / INV / MV	Truck / Trailer	or	
To Inspect Vehi		Make: Mi	+ Lances	. c.c 1584
at Workshop m.		Colour Silv		A/C: Insured / Std / NI / NA
of	and the second s			T/Radio: Insured / Std / NI / NA
Insured:	STATE OF THE PARTY	Eng/No:		
Policy No.	PLS 975		mystcs3A6	4006259
Claims No.		Gen. Cond: Good / Fa		
Sum Insured:	Excess:	Steering: Inorder / Jan		urnt or
(Client's Reco		Hermon D.	mmed / Leaked / B	Maria de la companya
Make of Veh:	ord)	-	STD A/Rim or	
Mano or von.		Tyre Size: F:	195/6.	SRIS
(Policy Condi	ltion)	R:	195/63	
	reh had commenced its N/S O/S	BS / DUN / EXNOVA	1-1	IIC / OHTSU / PIR / SUMI /
	ir at the time of inspection.	TOYO / YOKO or	Gwade	1
Bal. or Market	Molyan	Front	Charle	Rear
		R/Bal. p6	mm	R/Bal. 06 mm
IDAC Accident GIA / PR See		L/Bal. ot	mm	L/Bal. 06 mm
Est. Repairs:	days Res.: Yes or No	D.O.A.		D.O.I. 30/09/19
Lum Sum:	% 3 Val.: Yes or No	'Survey held at	sm.	2901.7
Lum oum.	70			N/S / U/C / Rooftop or
CA / REV	/ REP. / 24 HRS Vehicle: IN / OUT		( ) Neg / 0/0 / 1	TO TOTO T ROOKOP OF
Date:	Person Contacted:		sis frame / Body S	tructure affected due to collision.
Date / Time	Action / Instruction			
	TPALG.		OF Expiry:	09/03/21
JE PETE	m./			
	MV: PV: 7.4c			
	Nett;			
	, in the second			
Date/Time, File Pa	100 102			
Daterrine, File Pa	Tron. Nopole	Days Of Repair:		
1) Date/Time, File Ro	: Final Report	Resurvey No. of T	rip:	Survey Fee:
	Add Fe	o: Site Inco	\$	Transportation:
2)	Add Fe		\$	)S+RS,SI
Plantant F		. mediano		) Photos
Report For		: Tech. Invs		) Others
Lump Sum	/ LESTS (B	:Weekend	8	
				TOTAL



### > Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

0921

Vehicle Details

Vehicle No.:

SGE1632K

Vehicle to be Exported:

No

Intended Deregistration Date:

28 Sep 2019

Vehicle Make:

MITSUBISHI

Vehicle Model:

LANCER 1.6 A

Primary Colour:

Silver

Manufacturing Year:

2006

Engine No.:

4G18HB3098

Chassis No.:

JMYSTCS3A6U006259

Maximum Power Output: Open Market Value: 79.0 kW (105 bhp)

Original Registration Date:

\$12,352.00 10 Mar 2006

Original Registration Dat

1011 0001

First Registration Date:

10 Mar 2006

Transfer Count:

1

Actual ARF Paid:

\$9,759.00

Intended PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

\$0.00

PARF Rebate Amount:

Intended COE Rebate Details

09 Mar 2021

COE Expiry Date: COE Category:

A - Car (1600cc & below)

COE Period(Years):

5

PQP Paid:

\$24,771.00

COE Rebate Amount:

\$7,138.00 **\$7,138.00** 

Total Rebate Amount: Message

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 28 Sep 2019

OK

