INS. CASE OWNER: MingYao.Lee

CC4/AIG19017260/T1ka3

LKK: IDAC:

A	SS	I	GNN	1EI	VT
04	14	0	100	10	

Surveyor:	TAUFIKH		

DOI: 01/10/2019

Date / Time : 01.10.19

01.10.19 Registered in Merimen:

Pre-assign / CCU / FTE



SLM 6578A Insured Vehicle No.

Claim No.

3821021792SG

Name of Insured

AUTO FLEETLEASE PTE LTD

Policy No.

TOYOTA SIENTA-1.5 G CVT (A)

Insured Tel No. Excess Sec II :S\$

HP: D.O.A: Make / Model : Place of Accident:

AYE TOWARDS CITY

Is driver the owner?

(YES / NO)

Nature of Accident:

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

If NO, Driver Name / Age: MUHAMAD AZMAN BIN ABDUL KARIM Driver Tel No.:

+65-91208438

(V/L: YES / NO)

Final? Yes/No Insured Liability:

SKZ 176J



INSRS:

WSP: EM-1 AUTO

Tel: Liability:



INSRS: WSP:

Tel: Liability:



INSRS: WSP: Tel: Liability



INSRS: WSP: Tel: Liability: DMKC.

Date/ Time		
Date/ Time	SKZ 176J - X	STAGE DATE/PIC
	CLM 6579A CC/ECH10017185/f3: DOA: 26 0 10	Non-Reporting ltr (1st):
	SLM 6578A - CS/FCI19017185/f3; DOA: 26.9.19 - CC6/AIG18007708/Aeb3q2; DOA:24.4.18	Non-Reporting ltr (2nd):
	000//10/1000///00///00//	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:
FINALIZATION	Date/Time: Confirm with:	Confirm by:
Repair Cost:	S\$ (days) Reduction: %	Email Call
FINAL SETTLEMENT	Date/Time: Confirm with	Email Call
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 LOU onl	y LOR + LOU LOR + LOI [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:
and the second second	S\$ Global Sum S\$:	
Total:	Date/Time: Confirm with:	Email Call
	Date/Time: Confirm with:	
FINAL PAYMENT	S\$ Name 1:	
Total: FINAL PAYMENT Payee 1: Payee 2: (Strike if N.A.)		

1000	CHATTE A	THE R. LEW.
1 5 5 1	CON VI	KNI
ASSI	171717	A F Linker

	- M/A	0 11 3
From: Date 1-10. 2019	Veh No: 0 SXZ/763	
Esting A Cost:	Type: M.Car / M.Cycle / Bus / Van / L	orry / Taxi / Prime Mover /
OD TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Respect Vehicle No: SK Z 1767	Make: Hondle Vez	ol c.c 14%. A/C: Insured / Std / NI / NA
at Workshop m/s EM - 1 Auto	Colour white	A/C: Insured / Std / NI / NA
of \$105-21 Audoury sin ming	Sp.Reading 9346	T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:	
Policy No.	C/No: R43111	5657:
Claims No.	Gen. Cond. Good / Fair / Poor / Burn	nt .
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked	I/Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked	I/Burnt or
Make of Veh: COMact: 96666556 mr Chi o	Modi: Nil /S/B/m / STD A/Rim	or /
	Tyre Size: F: 215	160KG6
(Policy Condition)	R:	/(
Remark: The veh had commenced its N/S O/S	BODUN / EXNOVA / GY / FS / LIZA	A / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO pr	
Bal, or Market Value.	Front	Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 0 mm	R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. C mm	L/Bal. 6 mm
Est Repairs: days Res.: Yes or No	D.O.A.	D.O.I. 01/10/19 8 12p.
Lum Sum: % 3 Val.: Yes or No	Survey held at EM	- / / / / / / / /
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear 0/5	S / N/S / U/C / Rooftep of
Vehicle: IN/OUT		
Date: Person Contacted:	The U/C / Chassis frame / Bo	dy Structure affected due to collision.
Date / Time Action / Instruction		
		4
Dake/Time, File Pass to? : Preli. Report	Days Of Repair:	
: Final Report	Resurvey No. of Trip:	Survey Fee:
Date(Time, File Return 167	Concess	Transportation:
Add Fee	: Site Insp (\$	
	: Interview (\$) Photos
Reput Formy:	: Tech. Invs (3) Olivers
Long Four PE (1)-	: Weel end (%	
		WASI

A Singapore Government Agency Website

> Back to OneMotoring

Enquire	PARF/COE	Rebate for	Registered	Vehicle
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OID T	Commany	
Owner ID Type:	Company	
Owner ID: Vehicle Details	792C	
Vehicle No.:	SKZ176J	1135
Vehicle to be Exported:	No	
Intended Deregistration Date:	26 Sep 2019	
Vehicle Make:	HONDA	
Vehicle Model:	VEZEL 1.5X HYBRID A	
Primary Colour:	White	
Manufacturing Year:	2015	
Engine No.:	LEB5065671	
Chassis No.:	RU31115657	
Maximum Power Output:	112.0 kW (150 bhp)	A Mayor South Co.
Open Market Value:	\$22,690.00	
Original Registration Date:	05 Jan 2016	THE PERSON NAMED IN
First Registration Date:	05 Jan 2016	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate	\$5,000.00 Details	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	04 Jan 2026	
PARF Rebate Amount: Intended COE Rebate I	\$3,750.00 Details	
COE Expiry Date:	04 Jan 2026	
COE Category:	B - Car above 1600cc or 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$60,001.00	
COE Rebate Amount:	\$37,645.00	
Total Rebate Amount:	\$41,395.00	

The information contained herein is correct as at 26 Sep 2019

OK