Bennie Tan

# CC6/AIG19017929/ Uha3

LKK: IDAC:

ACCOM	1	TR AF	HO B	TERT
ASSI	1-13		M . I	V I
LYDDY	OT.	474.8	27.	4.4

Surveyor:

INS. CASE OWNER:

MARCUS

DOI: 21/10/19

Date / Time: 10/10/2019

10/10/2019 Registered in Merimen:

### Pre-assign / CCU / FTE



Insured Vehicle No.

SGH 5020J

MR YEO KIAN CHUAN

Claim No.

2799121063SG

Policy No.

1800077316

HP: +65-94885576 D.O.A: 09/10/2019 08:40

Make / Model :

MAZDA 3-1.5 (A)

Excess Sec II :S\$ Is driver the owner?

Name of Insured

(YES / NO)

Nature of Accident :

Place of Accident:

AIRPORT ROAD NEAR PAYA LEBAR AIRBASE

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Final? Yes/No

### SKD 5702Z



WSP: HOCK WAH

Tel: Liability:



INSRS:

WSP: Tel: Liability:

RMKS:



INSRS:

WSP: Tel:

Liability: RMKS:



INSRS: WSP:

Tel: Liability: RMKS:

Date/ Time	SKD 5702Z - X		STAGE	DATE / PIC	
		002234/Awb3s2; DOA:31/1/17	Non-Reporting ltr (1st):		
	ISGH 50203 - CC6/AIG171	002234/AWD382, DOA.31/1/1/	Non-Reporting ltr (2nd):		
			Non-Reporting ltr (Final):		
			Notification ltr (if non-picku	p):	
			Call OI:		
			After call Itr to OI:		
			Documentation Check List	: Handler Typist	
			Notification ltr (if non-picku	p)	
			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	n:	
			LOD		
			Payment Breakdown Form	n: 🗀	
PRELIMINARY ADVICE	F Date/Time:	Sent By:	Post-Repair Photos:		
RELIMINARI ADVICI	g Date Time.	Delit Dy.	Others:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
		ays) Reduction: %	Email	Call	
Repair Cost: FINAL SETTLEMENT		irm with	Email Call		
		sed) BOLA S/N No. :	If NO or B 28, Ass. Lia:		
Final Liability:	S\$ (Agreed / Asses	sed) BOLA S/N No. :	II NO 01 D 20, Ass. Lia .		
Repair Cost: Loss of Rental (LOR):		200			
oss of Use (LOU):		ays) lays)			
oss of Income (LOI):		lays)			
OR only LOU onl					
GIA/LTA Search	S\$	LOIL   [Hekomy one]			
Medical:	S\$		1) Claim status: Normal/R	eiect/Private Settle	
		(e.g. Tow/ Independent )	2) Report Format:	ejeen in me beme	
Disbursement:	S\$ S\$	(e.g. 10w/ independent )	3) Survey fee:		
egal Cost		al Sum S\$:	(J) (Jan 10) 1001		
Cotal:		irm with:	Email Call		
FINAL PAYMENT			EmailCau		
Payee 1:	S\$ Name				
Payee 2: (Strike if N.A.)	S\$ Name				
Payee 3: (Strike if N.A.)	S\$ Name	e. 3:			

ASSIGNMENT  Peron:  Date:  Estinguised Cost  ODUTE Wis 1 TO RESI OD RESIEVALINY IMV  To Inspect Vehicle No:  SAM SOUTH AND INSURED IN ACTION IN		
ASSIGNMENT  From:  Date:  Entimated Cost  Outp Mas 1TP RES 1 OD RES / EVA / INV / INV  To Inspect Vehicle No:  et Workshop m/s  of  Remark: The veh had commenced its repair at the time of inspection.  Bel. or Market Value:  Date:  POR Sean Considerit?: Yes or No  Est. Repairs:  day Res. Yes or No  CA / REV / REP. / 24 HRS  Date:  Report Format:  Date:  Date:  Report Format:  Date:  Da	(Application) Wef	
ASSIGNMENT  Veh No. SKD ( ) TO Large ( ) Ye regin.   12   12   12   12   13   15   15   15   15   15   15   15		A16/
Setingled Cost  ODUTE WIS ITP RES I OD RES JEVA I INV I MV  To Inspect Vehicle No:  at Workshop m/s  of Claims No.  Claims No.	ASS. REO. DITT	SSIGNMENT
Insured:    SAFF   SO 20   Sp. Reading   M3   Sp. R	Estimated Cost:  OD TP WS / TP RES / OD RES / EVA / INV / MV	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Policy No. Claim's No. Sum Insured:  Excess:  (Citent's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bel. or Market Value:  DAC Accident Roort:  Consistent?: Yes or No  Lum Sum:  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time  Action / Instruction  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time  Action / Instruction  Date / Time, File Pass to?  Date / Time, File Return to?  Add Fee:  Report Format:  CINO:  WB 4 F7 3 3 4 OC 6 6 7/24   Gen. Cond Good / Fair / Poor / Burnt  Steering:  Berfort / Jammed / Leaked / Burnt or  Modi: NII (Elgim-1 STD AlRim or  Tyre Size: F: Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Y Co T All File / ST DAIRim or  Tyre Size: F: Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	of	Sp.Reading /2335/
Claims No.  Sum Insured: (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Acident Rport:  Consistent?: Yes or No  Lum Sum:  30 % 3 Val.: Yes or No  CA / REV / REP, / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted:  Date / Time Action / Instruction  Action / Instruction  Action / Instruction  Date / Time Action / Instruction  Action / Instruction / Instruction  Action / Instruc	Policy No.	C/No: WBAFP320KOCS 6722K
Client's Record   Make of Veh:   Brake:   Lammed / Leaked / Burnt or   Modi: NII   Extra-/ STD A/Rim or   Tyre Size:   F:		
Tyre Size: F:   Tyre Size: Fix Size: Fix Size: Fix Size: Fix Size: Fix Size: F:   Tyre Size: Fix Size: F	Sull lifetiet.	Brake: Instruct / Jammed / Leaked / Burnt or
Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  Est. Repairs:  Lum Sum:  30 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted:  Date / Time Action / Instruction  Date: Person Contacted:  Date / Time Action / Instruction  Date: Person Contacted:  Date / Time Action / Instruction  Date: Press to?  BS / DUN / EXNOVA / GY / FS / LiZA / Not. / OHTSU / PR / SUMI / TOYO / YOKO or  Front Rear  R/Bal. mm R/Bal. mm U/Bal. m		Tyre Size: F: 245/402219
repair at the time of inspection.  Bal. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  Est. Repairs:  Lum Sum:  Date:  Person Contacted:  Date:  Date:  Person Contacted:  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Stru		
Ball or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  Lum Sum: 30 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:  Date / Time	Kelliaik. The ven had commended to	
DAC Accident Rport: Consistent? : Yes or No CA / PR Seen  Est. Repairs: days Res.: Yes or No Lum Sum: 30 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  Date/Time, File Pass to? : Final Report	Bal. or Market Value:	Front Rear 6
Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  Lum Sum: 30 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time	0 - 1-1 10 - Vee on No	R/Bal. mm R/Bal. mm
Est. Repairs:  Lum Sum:  30 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted:  Date / Time	Our intent? . Ven or No	L/Bal. 6, mm L/Bal. 6, mm
Lum Sum: 30 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time	doug Res: Yes of No	10.0.0.
Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time	O.Val. Van or No	
Date / Time Action / Instruction  Date /	CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date / Time Action / Instruction  LA 45232  Date/Time, File Pass to?  1)		The U/C / Chassis frame / Body Structure affected due to collision.
Date/Time, File Pass to?    Preli. Report   Days Of Repair:   Survey Fee:   Transportation:     Add Fee:   Site Insp (\$	0.14	
1) Survey Fee:  Transportation:  2) Add Fee: : Site Insp (\$	THE RESIDENCE OF THE PARTY OF T	no control of the con
1) Survey Fee:  Transportation:  2) Add Fee: : Site Insp (\$		
1) Survey Fee: Transportation:  2) Add Fee: : Site Insp (\$		
1) Survey Fee: Transportation:  2) Add Fee: : Site Insp (\$		
1) : Final Report Resurvey No. of Trip: Survey Fee:  Transportation:  2) Add Fee: : Site Insp (\$		
1) Survey Fee: Transportation:  2) Add Fee: : Site Insp (\$		
1) Survey Fee: Transportation:  2) Add Fee: : Site Insp (\$		
Transportation:	Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Date/Time, File Return to?	: Final Report	Resurvey No. of Trip: Survey Fee:
Report Format:		Transportation:
Report Format:	2) A(	dd Fee: : Site Insp (\$ ),S+RS,SI
Report Format.	72	: Interview (\$ ) Photos
Report Format.	Report Format :	: Tech. Invs (\$ ), Others
TOTAL	, Lunip out it is it (	

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	574Z	
Vehicle No.:	SKD5702Z	
Vehicle to be Exported:	No	
Intended Deregistration Date:	22 Oct 2019	
Vehicle Make:	B.M.W.	
Vehicle Model:	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV	
Primary Colour:	Blue	
Manufacturing Year:	2011	
Engine No.:	09747818N52B25AF	
Chassis No.:	WBAFP32040C867224	
Maximum Power Output:	150.0 kW (201 bhp)	
Open Market Value:	\$49,513.00	
Original Registration Date:	16 Dec 2011	
First Registration Date:	16 Dec 2011	
Transfer Count:		
Actual ARF Paid: Intended PARF Rebate Details	1 \$49,513.00 24717 Yes	
PARF Eligibility:		
PARF Eligibility Expiry Date:	15 Dec 2021	
PARF Rebate Amount: Intended COE Rebate Details	\$29,707.00	
COE Expiry Date:	15 Dec 2021	
COE Category:		
COE Period(Years):	E - Open Category	
QP Paid:	\$74,340.00	
COE Rebate Amount:		
otal Rebate Amount:	\$15,525.00 \$45,232.00	

ОК

### SGCARMART.COM

Sign up Login

**New Cars** 

**Used Cars** 

Sell My Car

Directory

Products

Insurance

Articles

Forum

PROMOTIO



Toyota Sienta Hybrid

Ready stock available with immediate COE registration. Call us now!!

DO

bmw 523

Price Range

Depreciation

2011

Vehicle Type



Home » Used Cars » Car Buyers Automotive Pte Ltd » BMW 5 Series 523i Highline

## BMW 5 Series 523i Highline

Overview

**Financial** 

Insurance

Accessories

Similar

Research

**Photos** 

Мар

## CAR BUYERS

CLUB

BY CAR BUYERS AUTOMOTIVE PTE LTD

Price \$51,800 Depreciation ② \$15,750 /yr Reg Date 30-Sep-2011 View models with similar depre (1yr 11mths 7days COE left) Mileage 103,500 km (12.8k /yr) Manufactured ? 2011 Road Tax (?) \$1,796 /yr Transmission Auto Dereg Value (?) \$36,104 as of today (change) OMV (?) \$42,512 COE (?) \$65,589 ARF (?) \$42,512 **Engine Cap** 2,497 cc Power 150.0 kW (201 bhp) Curb Weight ? 1,650 kg No. of Owners (?) Type of Vehicle Luxury Sedan

### **Features**

Powered By Legendary Inline 6 Engine, Ultra Smooth 8 Speed Auto Box. Refinements At Its Best Yet Dynamically Driven. Perfect Luxury Sedan Of All Time. View specs of the BMW 5 Series Sedan (2010-2017)

### Accessories

Highline Specifications. Keyless, Auto Tailgate, IDrive With Navigation, Paddle Shifters, Adaptive Drive, Park Distance Control, Bluetooth, Etc.

#### Description

Highly Sought After PML Highline Model. Perfect Contender For COE Renewal Or Risk Free Short Term Solution. Genuine Low Mileage, Serviced Timely. 20" Original Breyton Wheels. Zero Mishap, STA Evaluation Welcome. Flexible Loan Packages, Trade In Welcome. Viewing By Appointment Only.

### Categor

Compare

https://www.sgcarmart.com/used\_cars/info.php?ID=860706&DL=3133







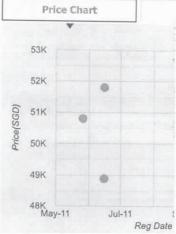












Click on the point to view the vehici

1/3