15/5/2010

TAN Jas

CC4/ASM19018714/Apa3

IDAC: 143582

INS. CASE OWNER:

6568804844

IGNM		
12/10	2019	 22

2/10/2019 **ADRIAN** Date / Time: Surveyor: Registered in Merimen: Pre-assign / CCU / FTE S9M024J8 SKG 1656J Claim No. Insured Vehicle No. GA477716 MOHAMAD AZRIN BIN AMIR Policy No. Name of Insured HONDA CIVIC TYPE R 2.0 HP: +65-98548585 Make / Model Insured Tel No. BARTLEY VIADUCT TWDS TAMPINES AVE 10 D.O.A: 19/10/19 Place of Accident: Excess Sec II :S\$ Nature of Accident : Is driver the owner? (YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO If NO, Driver Name / Age: Insured Liability: Final? Yes/No Driver Tel No.: (V/L: YES / NO) SMK 4734C INSRS: INSRS: INSRS: INSRS: WSP: WSP: HUA MENG WSP: WSP: Tel: Tel: Tel: Tel: Liability: Liability: Liability: Liability: RMKS: RMKS: RMKS: RMKS:

Date/ Time							
	SMK 4734C	NA/INC19	018587/z4; DOA: 19/10/	/19	STAGE	DAT	TE / PIC
	SKG 1656J	- CC3/MSG1	6024576/Uqh3e2; DOA:2	27/12/16	Non-Reporting ltr (1st):		
		- CC4/AIG160	21926/Dwg3g2: DOA:15	5/11/16	Non-Reporting ltr (2nd):		
		- NA/INC1600	7598/r3; DOA: 26/4/16	1	Non-Reporting ltr (Final):		
010112	OIND T		t letter File mass t	- C	Notification ltr (if non-pickup):		
20/10	DINK. TO	sena out firs	st letter. File pass t	10 Su.	Call OI:		
					After call ltr to OI: Documentation Check List: I	Y 17	Tourist
						iandier	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	Date/Time:		Sent By:		Post-Repair Photos:		
					Others:		
FINALIZATION	Date/Time:		Confirm with:		Confirm by:		
Repair Cost:	S\$	(days	s) Reduction: %		Email	Call	
FINAL SETTLEMENT	Date/Time:	Confirm	with		Email Call		
Final Liability:	%	(Agreed / Assessed	i) BOLA S/N No. :		If NO or B 28, Ass. Lia:		
Repair Cost:	S\$						
Loss of Rental (LOR):	S\$	(days	5)				
Loss of Use (LOU):	S\$ (\$ x day	s)				
Loss of Income (LOI):	S\$ (\$ x day	s)				
LOR only LOU only	LOR + LO	U LOR + LC	[Tick only one]				
GIA/LTA Search	S\$						
Medical:	S\$				1) Claim status: Normal/Rejec	t/Private	Settle
Disbursement:	S\$		(e.g. Tow/ Independent)		2) Report Format:		
Legal Cost	S\$				3) Survey fee:		
Total:	S\$	Global	Sum S\$:				
FINAL PAYMENT	Date/Time:	Confirm	with:		Email Call		
Payee 1:	SS	Name 1					
Payee 2: (Strike if N.A.)	S\$	Name 2	2				
Payee 3: (Strike if N.A.)	SS	Name 3					

ASSIGNMENT

Date: 22.10. 2019	Veh No: SMK 4734C Yr Regn: 2019 / HPM
FIOIL.	Type: M.Can / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost: OD TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No: SMK 4734(Make: Toyota Alphard. c.c 2493
11 . 10	Colour While . A/C: Insured / Std / NI / NA
of I Kaki Bult I Ave L #01-61 Autobay	Sp.Reading 26333. T/Radio: Insured / Std / NI / NA
	Eng/No:
Insured:	C/No: AGH 300215473.
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt
Claims No.	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: Iporder / Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nik S/Rim / STD A/Rim or
Make of Veh:	75 < 25071
(Policy Condition)	
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 or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	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. 23/10/19.
Lum Sum: % 3 Val.: Yes or No	Survey held at Hua Meny
A. [6"	Des. of Damages : Frt / Rear / O/S / N/S U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OL	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
TP AKA.	•
10.016	
my: 1901C	
PV: 65.11C Nett. 124.5K	
Mell 124.16	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add F	ee: : Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Reput Former:	: Tech, Invs (\$) Others
Lump Sum / LB.J: Ci	:Weetend (\$
	TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Business				
Owner ID:	112B				
Vehicle Details					
Vehicle No.:	SMK4734C				
Vehicle to be Exported:	Yes				
Intended Deregistration Date:	23 Oct 2019				
Vehicle Make:	TOYOTA				
Vehicle Model:	ALPHARD 8-SEATER 2.5X CVT				
Primary Colour:	White				
Manufacturing Year:	2018				
Engine No.:	2ARJ208854				
Chassis No.:	AGH300215473				
Maximum Power Output:	134.0 kW (179 bhp)				
Open Market Value:	\$39,589.00				
Original Registration Date:	11 Apr 2019				
First Registration Date:	11 Apr 2019				
Transfer Count:	0				
Actual ARF Paid:	\$47,425.00				
Intended PARF Rebate Details					
PARF Eligibility:	Yes				
PARF Eligibility Expiry Date:	10 Apr 2029				
PARF Rebate Amount:	\$35,568.00				
Intended COE Rebate Details					
COE Expiry Date:	10 Apr 2029				
COE Category:	E - Open - all except motorcycle				
COE Period(Years):	10				
QP Paid:	\$37,620.00				
COE Rebate Amount:	\$29,568.00				
Total Rebate Amount:	\$65,136.00				

The information contained herein is correct as at 23 Oct 2019