INS. CASE OWNER: CHAN KIAN MENG

# CC6/AIG19018715/Aha3

LKK: IDAC:

ASSI	<b>IGNM</b>	ENT

**ADRIAN** Surveyor:

DOI: 22/10/2019

22/10/2019 Date / Time:

22/10/2019 Registered in Merimen:

#### Pre-assign / CCU / FTE

**SLW 3695L** Insured Vehicle No.

Claim No.

6894814737SG

Name of Insured

Innervision

Policy No.

1900023008

Insured Tel No. Excess Sec II :S\$ HP: 91057750 D.O.A: 20/10/19 16:35

Make / Model :

TPE EXIT PASIR RIS DRIVE 8 (SLIP RD)

Is driver the owner?

Nature of Accident: (YES / NO)

Place of Accident:

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

### SFT 6262U



INSRS:

WSP: MG Tel: SOLUTION

INSRS:

WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel:

Liability: RMKS:



INSRS: WSP: Tel: Liability:

RMKS:

Date/ Time				
	SFT 6262U - X	SLW 3695L - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
	OINR. To send out first le	tter. File pass to Su.	Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final): Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	
			Documentation Check List: 1	Handler Typist
				tandier 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\$ ( da	nys) Reduction: %	Email	Call
FINAL SETTLEMENT	Date/Time: Confi	rm with	Email Call	
inal Liability:	% (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:	
Repair Cost:	SS			
oss of Rental (LOR):	S\$ ( da	ys)		
loss of Use (LOU):	S\$ (\$ x d	ays)		
loss of Income (LOI):	S\$ (\$ x d	ays)		
OR only LOU only	LOR + LOU LOR + I	OI [Tick only one]		
GIA/LTA Search	SS			
/ledical:	SS		1) Claim status: Normal/Rejec	ct/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent )	2) Report Format:	
egal Cost	SS		3) Survey fee:	
Total:	S\$ Globa	al Sum S\$:		
FINAL PAYMENT	Date/Time: Confi	rm with:	Email Call	
Payee 1:	SS Name	1:		
	S\$ Name	-0,40:		
Payee 2: (Strike if N.A.)				

REF:

ASSIGNMENT

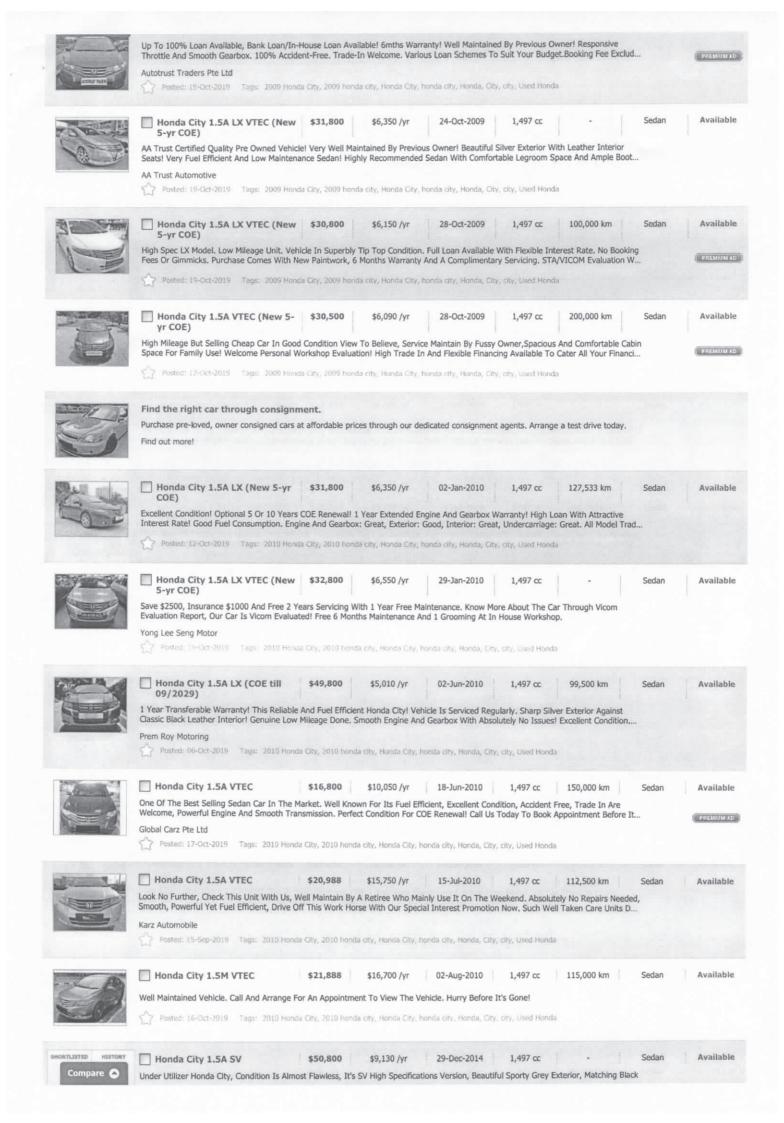
From: Date:  Estimated Cost: Type (Ca) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or  Make: How Cily c.c. / 1497  Colour Silver A/G: Insured / Std / NI / NA  Insured: Eng/No:  Claims No.  Sum Insured: Excess: Steering: Inorder Jammed / Leaked / Burnt or  Wake of Veh: No.  (Client's Record)  Make of Veh: No.  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Lum Sum: % 3 Val.: Yes or No  Survey held at M6 S Outhird.  Veh No: SF 76 262 U. Yr Regn: 2014   Dec  Truck / Trailer or  Truck / Trailer or  Make: SF 76 262 U. Yr Regn: 2014   Dec  Type (Ca) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or  Make: Local / Make: A/G: Insured / Std / NI / NA  Sp.Reading / 1370 C. T/Radio: Insured / Std / NI / NA  Eng/No:  Colour Silver A/G: Insured / Std / NI / NA  Sp.Reading / 1370 C. T/Radio: Insured / Std / NI / NA  Sp.Reading / 1370 C. T/Radio: Insured / Std / NI / NA  Eng/No:  Colour Silver A/G: Insured / Std / NI / NA  Sp.Reading / 1370 C. T/Radio: Insured / Std / NI / NA  Sp.Reading / 1370 C. T/Radio: Insured / Std / NI / NA  Eng/No:  Colour Silver A/G: Insured / Std / NI / NA  Sp.Reading / 1370 C. T/Radio: Insured / Std / NI / NA  Eng/No:  Colour Silver A/G: Insured / Std / NI / NA  Eng/No:  Colour Silver A/G: Insured / Std / NI / NA  Eng/No:  Colour Silver A/G: Insured / Std / NI / NA  Eng/No:  Colour Silver A/G: Insured / Std / NI / NA  Eng/No:  Colour Silver A/G: A/G: Insured / Std / NI / NA  Eng/No:  Colour Silver A/G: A/G: Insured / Std / NI / NA  Eng/No:  Colour Silver A/G: A/G: Insured / Std / NI / NA  Eng/No:  Colour Silver A/G: A/G: Insured / Std / NI / NA  Eng/No:  Colour Silver A/G: A/G: Insured / Std / NI / NA  Eng/No:  Colour Silver A/G: A/G: A/G: Insured / Std / NI / NA  Eng/No:  Colour Silver A/G:  A/G: A/G: A/G: A/G: A/G:  Insured / Std / NI / NI  Insured / Std / NI / NI  Insured / Std / NI  Insured / Std / NI  I
To Inspect Vehicle No:  at Workshop m/s  of  Colour Silver A/C: Insured / Std / NI / NA  Sp.Reading 1/3706. T/Radio: Insured / Std / NI / NA  Insured:  Policy No.  Claims No.  Sum Insured:  Eng/No:  C/No: YMRHGM 6660 EPO 0023 Z  Gen. Cond Good Fair / Poor / Burnt  Steering: Inorder/ Jammed / Leaked / Burnt or  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  D.O.A.  D.O
at Workshop m/s  of  Colour Silves AC: Insured   Std   NI   NA  Sp.Reading   1/3706   T/Radio: Insured   Std   NI   NA  Insured:  Policy No.  Claims No.  Sum Insured: Excess:  (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 Accident Rport: Consistent?: Yes or No  Gla   PR   Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  Colour Silves   A/C: Insured   Std   NI   NA  T/Radio: Insured   Std   NI   NI  Toyo   Sum   Sta   Sta   Sum   Sta   Sta
at Workshop m/s  of  Colour Silves   A/C: Insured / Std / NI / NA  Sp.Reading 1/3706 T/Radio: Insured / Std / NI / NA  Insured:  Policy No.  Claims No.  Sum Insured: Excess:  (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Colour Silves   A/C: Insured / Std / NI / NA  Sp.Reading 1/3706 T/Radio: Insured / Std / NI / NA  T/Radio: Insured / Std / NI / NA  Sp.Reading 1/3706 T/Radio: Insured / Std / NI / NA  Town A Good Fair / Poor / Burnt  Steering: Inordery Jammed / Leaked / Burnt or  Tyre Size: F: 185/55/16-  R: 185/5
Eng/No:  Claims No.  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:  (DAC Accident Rport:  Consistent?: Yes or No  Eng/No:  (C/No:  MRHGM 6660 FC 000332  Gen. Cond Good Fair / Poor / Burnt  Steering: lorder) Jammed / Leaked / Burnt or  Modi:  NII S/Rim) STD A/Rim or  Tyre Size:  F: /85/55/16  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  TOYO / YOKO or  A Chilles  Front  Rear  R/Bal.  Mm  R/Bal.  Mm  R/Bal.  Mm  L/Bal.  Mm  L/Bal.  D.O.I.  22/10/19,
Policy No.  Claims No.  Sum Insured: Excess: Steering: Inorder) Jammed / Leaked / Burnt or  Brake: Inorder) Jammed / Leaked / Burnt or  Make of Veh: Modi: Nil (S/Rim) STD A/Rim or  Tyre Size: F: 185/55/16-  R: 185/55
Gen. Cond Good Fair / Poor / Burnt  Steering: Lorder Jammed / Leaked / Burnt or  Brake: Lorder Jammed / Leaked / Burnt or  Brake: Lorder Jammed / Leaked / Burnt or  Modí: Nil (S/Rim) STD A/Rim or  Tyre Size: F: /8 5 5 5 6 6  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  D.O.A.  D.O.I. 22/10/19
Steering: Inorder/ Jammed / Leaked / Burnt or    Client's Record    Make of Veh:   Brake: Inorder/ Jammed / Leaked / Burnt or
(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 Accident Rport:  Consistent?: Yes or No  Est. Repairs:  Consistent?: Yes or No  Brake:  Inordery Jammed / Leaked / Burnt or  Modí:  NII (SIRim) STD A/Rim or  Tyre Size:  F: 185/55/16-  R: 185/55/16-  R
Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  Modí: Nil (S/Rim) STD A/Rim or  Tyre Size: F: /85/55/16—  R: // 85/55/16—  R: // 85/5
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  Tyre Size:  F: 185/55/16-  R: 185
Remark: The veh had commenced its repair at the time of inspection.    Bal. or Market Value:
Remark: The veh had commenced its repair at the time of inspection.    Bal. or Market Value:
repair at the time of inspection.  TOYO / YOKO or Achilles  Bal. or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  D.O.A.  TOYO / YOKO or Achilles  Rear  mm R/Bal. ob mm  L/Bal. 9 mm  D.O.I. 22/10/19
Bal. or Market Value:         Front         Rear           IDAC Accident Rport:         Consistent?: Yes or No         R/Bal.         Ob         mm         R/Bal.         Ob         mm           GIA / PR Seen:         Consistent?: Yes or No         L/Bal.         Ob         mm         L/Bal.         Ob         mm           Est. Repairs:         days         Res.: Yes or No         D.O.A.         D.O.I.         22/10/19         October 10/19
IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  R/Bal. 06 mm  L/Bal. 06 mm  L/Bal. 06 mm  D.O.I. 22/10/19
GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  D.O.A.  L/Bal. 96 mm  D.O.I. 22/10/19
Est. Repairs: days Res.: Yes or No D.O.A. D.O.I. 22/10/19
001 21 1.1.1
Tum Sum: % 3 Val.: Yes or No Survey held at MG Solution
Currey north / / / C/ Over / / / C/
CA / REV / REP. / 24 HRS Des. of Damages : Frt Rea 1 O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction   TP AL6
Ti Mid.
to the second manufacture of the second control of the second cont
mv: 481c
PV: 40k
Nett: 8k.
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 Fee: : Site Insp (\$ )s+Rssi
: Interview (\$ ) Photos
Report Format: : Tech. Invs (\$ ) Others
Lump Sum / LBJ: (\$ ) : Weekend (\$ )
· TOTAL

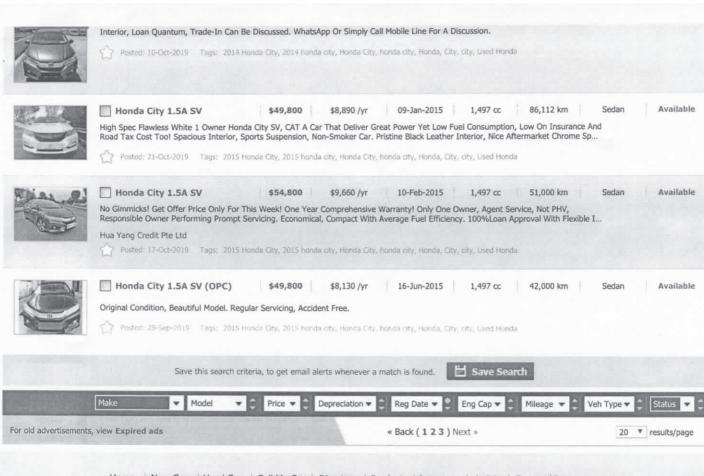
## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	Singapore NRIC
Owner ID:	187C
Vehicle Details	
Vehicle No.:	SFT6262U
Vehicle to be Exported:	Yes
ntended Deregistration Date:	22 Oct 2019
Vehicle Make:	HONDA
Vehicle Model:	CITY 1.5 SV CVT
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	L15Z11419377
Chassis No.:	MRHGM6660EP000232
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$16,804.00
Original Registration Date:	16 Dec 2014
First Registration Date:	16 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$6,804.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Dec 2024
PARF Rebate Amount:	\$5,103.00
Intended COE Rebate Details	
COE Expiry Date:	15 Dec 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$67,889.00
COE Rebate Amount:	\$34,934.00
Total Rebate Amount:	\$40,037.00

The information contained herein is correct as at 22 Oct 2019





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