INS. CASE OWNER:

### NORSIAH

# CC4/AIG19021982/Qda3

LKK: IDAC:

A CICITATE ATTE	TFET
ASSIGNMEN	

Surveyor:

OSP

DOI: 13.12.2019

Date / Time:

13.12.2019 13.12.2019 Registered in Merimen:

Pre-assign / CCU / FTE



SMM 4554U Insured Vehicle No.

ONG WOON AI

HP:

1900093374 Policy No.

Insured Tel No. Excess Sec II :S\$

Name of Insured

D.O.A: 20/09/2019

VOLVO S90-2.0 T5 MOMENTUM (A)

Is driver the owner?

(YES/NO)

Nature of Accident:

ALONG SCOTTS RD Place of Accident:

1332732668SG

If NO, Driver Name / Age : TAY SWEE SUN Driver Tel No.:

+65-96222829

(V/L: YES / NO)

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

Final? Yes/No

**SLM 8718A** 



INSRS:LION CITY WSP: RENTALS Liability: PMKS.



INSRS: WSP: Tel: Liability: PMKS.



INSRS: WSP: Tel: Liability: RMKS:

Claim No.

Make / Model :



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time							
	SLM 8718A - CS/	ΓMI19017746	6/K1vd3n2; DOA:6.10.	19	STAGE	DA	TE / PIC
	SMM 4554U -X		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	Non-Reporting ltr (1st):		
					Non-Reporting ltr (2nd):		
	Kindly confirm the correct DOA since TP_claim				Non-Reporting ltr (Final):		
	(20/09/2019)	09/2019) and OI GIA Report (21/09/2019) i			Notification ltr (if non-pickup):		
	ndicate different DOA.			Call OI:			
		1			After call ltr to OI:		m
					Documentation Check		Typist
					Notification ltr (if non-pi	ckup)	
					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 Instruc	tion:	
					LOD		ī
					Payment Breakdown F	orm:	
PRELIMINARY ADVICE	Date/Time:		Sent By:		Post-Repair Photos:		
					Others:		
FINALIZATION	Date/Time:		Confirm with:		Confirm by:		
Repair Cost:	S\$	( days	) Reduction:	%	Em	ail Call	
FINAL SETTLEMENT	Date/Time:	Confirm		70	Email Call	7	
inal Liability:					If NO or B 28, Ass. Lia		
Repair Cost:	SS (A)	greed / Assessed	) BOLA S/N No. :		II NO of B 26, Ass. Lie	1:	
oss of Rental (LOR):	S\$	/ days	\				
oss of Use (LOU):	S\$ (\$	( days					
oss of Income (LOI):	S\$ (\$	x days					
OR only LOU only	LOR + LOU	LOR + LO					
GIA/LTA Search		LOK+LO	[Tick only one]				
	S\$				1) Claim at the N	1/D alast /D	Cattle
Medical:	S\$				1) Claim status: Norma	I/Reject/Private	Settle
Disbursement:	SS		(e.g. Tow/ Independent )		2) Report Format:		
egal Cost	S\$		2 04		3) Survey fee:		
Total:	S\$	Global S				1	
FINAL PAYMENT	Date/Time:	Confirm	with:		Email Call		
Payee 1:	SS	Name 1:					
Payee 2: (Strike if N.A.)	S\$	Name 2:		1.			
Payee 3: (Strike if N.A.)	S\$	Name 3:					

ASS. REC. BY: Sun Pin	11782 Qd6 5
	SIGNMENT
From: Date:  Estimated Cost:  OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Veh No: SLM & 71 & A Yr Regn: 17/04/2617.  Type: M.Cary M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Traller or
To Inspect Vahiala Na	Make: _ Kiy Forte. 1(31.6A c.c 1591
at Workshop m/s	Colour White AC: Insured/Sid/NI/NA
of	Sp.Reading 143:119 T/Radio: Insured / Std / NI / NA
Insured: .	Eng/No: 4
Policy No.	CNO: KNAFJ411MH 5714383
Claims No.	Gen. Cond: Good / Fally Poor / Burnt
Sum Insured: Excess:	Steering: Inorder Jammed / Leaked / Burnt or
(Cllent's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh;	Modl: NII / S/Rim / S/DA/Rim or
	Tyre Size: F: 195/65 R15
(Policy Condition)	R: 195/65 R15
Remark: The veh had commenced Its N/S 0/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Firenza
Bal. or Market Value:	Fron! Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 9 mm R/Bal. 9 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 5 mm U/Bal. 5 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 20/09/2019 D.O.I. 13/12/2014
Lum Sum: % 3 Val.: Yes or No	Survey held at LCR
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	with 2 days
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
MV: 49,590.	
PV = 45, 917	
NV = 3 / 613	·
	· · · · · · · · · · · · · · · · · · ·
Date/Time Elle Pare 149	
	Days Of Repair:
Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
	Transportation:
2) Add Fee	
For d Cornei	: Interview (\$ ) Photos
Republicant : Lump Sum [L.B.]: Ca	:Tech. Invs (\$ ) Others
comb sum togator	: Weel and (\$

TOTAL

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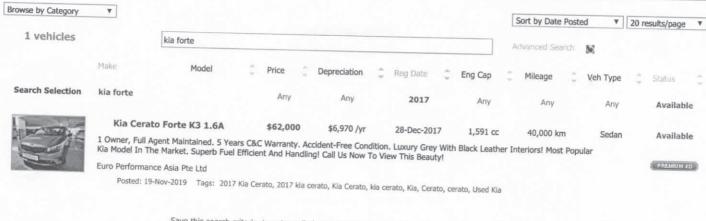
-

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars			
Owner ID Type:	Company		
Owner ID: Vehicle Details	621K		
Vehicle No.:	SLM8718A		
Vehicle to be Exported:	No		
Intended Deregistration Date:	13 Dec 2019		
Vehicle Make:	KIA		
Vehicle Model:			
Primary Colour:	FORTE K3 1.6A		
Manufacturing Year:	White		
Engine No.:	2017		
Chassis No.:	G4FGGH647508		
Maximum Power Output:	KNAFJ411MH5714383		
Open Market Value:	95.3 kW (127 bhp)		
Original Registration Date:	\$12,181.00		
First Registration Date:	17 Apr 2017 / 7 yrs 3 Mths / 87 mths		
Transfer Count:	17 Apr 2017		
Actual ARF Paid:	\$12,181.00 / 6,090		
Intended PARF Rebate Details			
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:			
PARF Rebate Amount:	16 Apr 2027 \$9,135.00		
Intended COE Rebate Details			
COE Expiry Date:	16 Apr 2027		
COE Category:			
COE Period(Years):	A - Car up to 1600cc & 97kW (130bhp)		
QP Paid:			
COE Rebate Amount:	\$50,101.00		
Total Rebate Amount:	\$36,782.00		
information contained herein is correct as at 13 Dec 2019	\$45,917.00		

The information contained herein is correct as at 13 Dec 2019

6,000/12 = 500 OK

$$87 \text{ mHy} \times 500 = 43,500 \qquad MV = 49,590 \\
+ 43,500 & PV = 45,917 \\
+ 6,690 & MV = 3,673$$