INS. CASE OWNER:	Lionel Tan	CC4/FWD19022010/Qpa3	IDAC:
INS. CASE OWNER:	LIOTICI TAIT	ASSIGNMENT DOI: 17/12/19	ma: 13/12/2019

	OSP	DOI: 17/12/19	22112	Date / Time: 13/12/2019	
Surveyor:		DOI:		Registered in Merimen: 13/12/2019	
Pre-assign / CCU	/ FTE				
	011100110		Claire Na	. 1201900037225	~
Insured Vehicle No			Claim No.	PNPV-2018-00016544	
Name of Insured	: LI YAN	25.0070050	Policy No.		
Insured Tel No.		+65-90739258	Make / Model		
Excess Sec II :S\$	D.O.A	28/11/2019 17:30	Place of Accid	ent: 232 WESTWOOD AVE THE FLORAVALI 8048360 BASE C/P B1	E
Is driver the owner	? (E) / NO) Nature	of Accident :		0040000 24.02 04. 24	
If NO, Driver Nan	ne / Age :		OI GIA REPO	RT: ES/NO; TP GIA REPORT: ES/NO	
Driver Tel		(V/L: YES / NO)	Insured Liabili		
GBH 8376Y					
GBH 63701	$ \longrightarrow$ $$				
INSRS: WSP: CARZ A Tel: SERVIC Liability:	ES Tel: Liability:		INSRS: WSP: Tel: Liability:	INSRS: WSP: Tel: Liability:	
RMKS:	RMKS:		RMKS:	RMKS:	
Date/ Time		01110011	O 1/	P. CORP. (DVG	_
	GBH 8376Y - X	SLU 9814	G-X	STAGE DATE / PIC Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd):	
				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:	1
				Final Repair Bill: Car Rental Invoice:	
				Towing Invoice	
				LTA / GIA :	ĺ
				Medical Bill:	
				PIR:	
				Mandate/Reject Instruction:	
				LOD	
				Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	1
				Others:	
FINALIZATION	Date/Time:	Confirm with:	er.	Confirm by:	
Repair Cost: FINAL SETTLEMENT		ys) Reduction: m with	%	Email Call	_
Final Liability:		ed) BOLA S/N No. :		If NO or B 28, Ass. Lia:	
Repair Cost:	SS (Agreed / Assessed	bu) BOLK SH No		II TO OLD DO, THAN DAY!	
Loss of Rental (LOR):	S\$ (day	ys)			
Loss of Use (LOU):		ys)			
Loss of Income (LOI):		ys)			
LOR only LOU only	LOR + LOU LOR + L	Ol [Tick only one]			
GIA/LTA Search	SS				
Medical:	SS			Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$	(e.g. Tow/ Independent)		2) Report Format:	
Legal Cost	S\$ Cloba	1 Sum S\$:		3) Survey fee:	
Total: FINAL PAYMENT		m with:		Email Call	
TANGET TAY TAKEN I	Land I III.	ALC -7 11411:			

SS

S\$ S\$

Payee 2: (Strike if N.A.)
Payee 3: (Strike if N.A.)

Name 1:

Name 2: Name 3: two

ASSIGNMENT

From: Date: 17/11/19	Veh No: GBH 8376Y Yr Regn: 15/00+/2018
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van Lorry / Taxi / Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No: 434 83764	Make: Toyota Hiaa Turbo c.c 2982
at Workshop m/s Cav 2. Arcto	Colour Sriver A/C: Insured / Std / NI / NA
To Inspect Vehicle No: GBA 837by at Workshop m/s Of 61 Woodlands Ind. Park E9	Sp.Reading 75224 T/Radio: Insured / Std / NI / NA
Insured: # 04-04	Eng/No:
Policy No.	C/No: JTFHT02P700245079
Claims No.	Gen. Cond: Good / Fairy Poor / Burnt
Sum Insured: Excess:	Steering: Inorde / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 195 R15
(Policy Condition)	R: 195 RI5
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:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm R/Bal. 5 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 5 mm L/Bal. 5 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 28/11/2019 D.O.I. 17/10
Lum Sum: % 3 Val.: Yes or No	Survey held at (arz Auto.
CA I DEV I DED I 24 UDS	Des. of Damages : Frt / Rear / O/S / N/S) U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	•
2016 115 -52	
MV= 48,583 DV = 23908	
NV = 24,615	
24,6	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
December 1	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 / LB.J: (%)	:Weetend (\$)
	LAFOT

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars			
Owner ID Type:	Company		
Owner ID: Vehicle Details	805G		
Vehicle No.:	GBH8376Y		
Vehicle to be Exported:	No		
Intended Deregistration Date:	18 Dec 2019		
Vehicle Make:	TOYOTA		
Vehicle Model:	HIACE VAN TURBO 5DR MT		
Primary Colour:	Silver		
Manufacturing Year:	2018		
Engine No.:	1KD2826393		
Chassis No.:	JTFHT02P700245079		
Maximum Power Output:			
Open Market Value:	\$28,136.00		
Original Registration Date:	15 Oct 2018 / 8yrs 10 miths / 106 miths		
First Registration Date:	15 Oct 2018		
Transfer Count:	0		
Actual ARF Paid: Intended PARF Rebate Details	\$1,407.00		
PARF Eligibility:	No		
PARF Eligibility Expiry Date:			
PARF Rebate Amount: Intended COE Rebate Details	\$0.00		
COE Expiry Date:	14 Oct 2028		
COE Category:	C - Goods Vehicle & Bus		
COE Period(Years):	10		
QP Paid:	\$27,104.00		
COE Rebate Amount:	\$23,908.00		
Total Rebate Amount:	\$23,908.00		

The information contained herein is correct as at 18 Dec 2019

OK

5,500/12 = 458,7]

458.33 × 106=48,583

MV = 48,583

Used Toyota Hiace Car & Used Cars & Vehicles Singapore - sgCarMart

