CC6/AIG20000604/Hda3

LKK: IDAC:

		AC	SIGNA	A
		4	- III	/1

C		

LEE HOCK ANN

DOI: ,08/01/2020

08/01/2020 Date / Time :

09/01/2020 Registered in Merimen:

Pre-assign / CCU / FTE

6715639077SG GZ 6226G Claim No. Insured Vehicle No. 2100321155

Name of Insured POGER INTERNATIONAL EQUIPMENT & SERVICES PTE LTD Policy No.

Make / Model :

Place of Accident:

Insured Tel No. Excess Sec II :S\$

D.O.A: 30/12/2019 12:15

NISSAN CABSTAR G ALONG CTE TOWARDS CITY NEAR

BRADDELL EXIT Nature of Accident:

If NO, Driver Name / Age: YEOW HOCK BENG

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

(YES /NO) Is driver the owner?

Driver Tel No.:

Final? Yes/No

SMN 5197E

+65-96724685

(V/L: YES / NO)

Insured Liability:



GZ 6226G INSRS:

INSRS: WSP: TAN LIM Tel:

TP

Liability:

RMKS:

SML 7790P



WSP: Tel: Liability:

RMKS:

INSRS:

WSP: Tel: Liability: RMKS:

INSRS:



Tel: Liability: RMKS: OI

WSP:



Date/ Time					
	SML 7790P - X			STAGE	DATE / PIC
	GZ 6226G - NB	A/INC18012	558/Y; DOAI 09.07.2018	Non-Reporting ltr (1st):	
	- NB	A/INC18012	558/Y; DOA: 24.5.2013	Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	· · · · · · · · · · · · · · · · · · ·
				Notification ltr (if non-picku	0):
				Call OI:	
				After call ltr to OI:	
				Documentation Check List	
				Notification ltr (if non-pickup	
				After call ltr to OI:	
				Authorisation To Act:	\checkmark
				Release Voucher:	\checkmark
				Final Repair Bill:	V
				Car Rental Invoice:	
				Towing Invoice	
				LTA / GIA :	
				Medical Bill:	
				PIR:	
				Mandate/Reject Instruction LOD	
RELIMINARY ADVICE	P. Date /Times		G P	Payment Breakdown Form	;
RELIMINARY ADVIC	E Date/Time;		Sent By:	Post-Repair Photos:	
TNAY IZAZIONI	D (Tr.)			Others:	
Repair Cost: L/S	Date/Time: S\$ 2,900	(4 days)	Confirm with:	Confirm by:	
	27.7		Reduction: 1,630.68/36 %	Email	Call
INAL SETTLEMENT	Date/Time: 18/5/20		with patricia	Email Call	
inal Liability:	% 0 (A	greed / Assessed)	BOLA S/N No.: 28	If NO or B 28, Ass. Lia:	100
epair Cost: (w/GST)	ss 3,103			3 vehicle chair	adlicion
oss of Rental (LOR):	S\$	(days)		Ol second veh	icle
oss of Use (LOU):	S\$ (\$	x days)		Of second veri	ICIC
oss of Income (LOI):	S\$ (\$	x days)			
OR only LOU onl		LOR + LOI	[Tick only one]		
IA/LTA Search	S\$ 2.00				
ledical:	S\$			1) Claim status: Normal/Re	eject/Private Settle
isbursement:	S\$		(e.g. Tow/ Independent)	2) Report Format: TP	
egal Cost	SS			3) Survey fee: \$32	J
otal:	s\$ 3,105	Global S	um S\$:		
INAL PAYMENT	Date/Time:	Confirm	with:	Email Call	
ayee 1:	ss 3,105	Name 1:	TAN LIM MOTOR PTE L	ΓD	
ayee 2: (Strike if N.A.)	S\$	Name 2:			
ayee 3: (Strike if N.A.)	S\$				

ASS. REG. BY: H- ANN REF: ATG	604/14
ASS. REG. BY: V	GNMENT 1 1 1 8
From: Date: 8. Jan. 2020 Estimated Cost:	Veh No: SML 7790 P Yr Regn: 3 04 Vol Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD TTP I WS TTP RES TOD RESTEVATINV I MV	DOE / WISIENIA CONON SPET 1598
To Inspect Vehicle No: SML 7790P	Make: Ope/INSIGNIA Conon got 1598 Colour Shue A/C: Insured/Std/NI/NA
at Workshop m/s Tan Lim man	T/Padio: Insured / Std / NI / NA
of 1 Defu Lane 6	Sp.Reading BUT 47
Insured:	Eng/No: wavzm6EF.3k1035033
Policy No.	Office.
Claims No.	Gen. Cond: Good (Fair) Poor / Burnt
Sum Insured: Excess:	Steering Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh: After 10.30 0.m	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F:
(Policy Condition)	R: 25/55/R17
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 BS EAR
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. Inm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 7 mm L/Bal. 7 mm
Poe: Vas or No	D.O.A. 30/12/19 D.O.I. 8/1/20
S.V. Ves or No.	· Survey held at TAn Lim motion
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear O/S N/S U/C Rooftop or
Date: Person Contacted: Vehicle: IN / OU	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	. 4 - 2 77871
	* 5 cm 2 779 D P
	Les Rober L.
	* workerp party upthe price *
MU - 129000	
pv- 61755	us = 19y min 49ymin
NU- 67200	us of lay min agymin
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Emerced
2) Add F	Delication of the Control of the Con
	: Interview (\$) Photos
Rep Formal :	: Tech. Invs (\$) Others
Lump Sum / LBJ: (%)	:Westend (\$
	TOTAL

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	055D
Vehicle No.:	SML7790P
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2019
Vehicle Make:	OPEL
Vehicle Model:	INSIGNIA GRANDSPORT B16DTH
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	A2183328JSUX0431
Chassis No.:	W0VZM6EF3K1035033
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$25,852.00
Original Registration Date:	03 Jun 2019
First Registration Date:	03 Jun 2019
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$28,193.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Jun 2029
PARF Rebate Amount: Intended COE Rebate Details	\$21,144.00
COE Expiry Date:	02 Jun 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$43,102.00
COE Rebate Amount:	\$40,611.00
Total Rebate Amount:	\$61,755.00

The information contained herein is correct as at 31 Dec 2019

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Opel Insignia Grandsport Diesel Discussion

Topic Title

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Replies 342

Last Action 08-Jan-2020