CC6/AIG20000604/Hda3

LALLE.

	OH	CH	EE I	HEN	IG
INS. CASE OW	VER:				_

ASSIGNMENT

urvevor:	LEE	HOCK	ANN

DOI: 08/01/2020

08/01/2020 Date / Time :

Registered in Merimen:

09/01/2020

Pre-assign / CCU / FTE

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

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

2100321155

Insured Tel No. Excess Sec II :S\$

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

(V/L: YES / NO)

NISSAN CABSTAR G

Is driver the owner?

ALONG CTE TOWARDS CITY NEAR

BRADDELL EXIT

If NO, Driver Name / Age: YEOW HOCK BENG

(YES /NO)

Nature of Accident:

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

Driver Tel No.:

+65-96724685

Insured Liability:

Liability:

RMKS:

Make / Model :

Place of Accident:

Final? Yes/No

SMN 5197E



GZ 6226G

INSRS: WSP: TAN LIM Tel:

TP

SML 7790P



WSP: Tel: Liability:

RMKS:

INSRS:

WSP: Tel: Liability: RMKS:

INSRS:



Tel: Liability: RMKS: OI

INSRS:

WSP:

Date/ Time		
	SML 7790P - X	STAGE DATE/PIC
	GZ 6226G - NBA/INC18012558/Y; DOAI 09.07.2018	Non-Reporting ltr (1st):
	- NBA/INC18012558/Y; DOA: 24.5.2013	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;
		Final Repair Bill:
		Car Rental Invoice:
		Towing Invoice
		LTA / GIA:
		Medical Bill:
		PIR:
		Mandate/Reject Instruction:
		LOD
		Payment Breakdown Form:
RELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:
NALIZATION	Date/Time: Confirm with:	Confirm by:
epair Cost:	S\$ (days) Reduction: %	Email Call
NAL SETTLEMENT	Date/Time: Confirm with	Email Call
nal Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia:
epair Cost:	S\$	
ss of Rental (LOR):	S\$ (days)	
ss of Use (LOU):	S\$ (\$ x days)	
ss of Income (LOI):	S\$ (\$ x days)	
OR only LOU only		
A/LTA Search	S\$	
edical:	S\$	1) Claim status: Normal/Reject/Private Settle
sbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format:
gal Cost	S\$	3) Survey fee:
otal:	S\$ Global Sum S\$:	
NAL PAYMENT	Date/Time: Confirm with:	Email Call
yee 1:	S\$ Name 1:	
yee 2: (Strike if N.A.)	S\$ Name 2:	
ayee 3: (Strike if N.A.)	S\$ Name 3:	

ASS. REG. BY: H- ANN REF: ATG	604/14.
ASS. REG. BY: V	SIGNMENT
From: Date: 8. Jan. 2020 Estimated Cost:	Veh No: SML 7790P Yr Regn: 3 04 Voltage M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
OD TTP WS TTP RES TOD RESTEVATINV MV	BRELLISIENIA GRAN STEE 1598
To Inspect Vehicle No: SML 7790P	Make: Ope/INSIGNIA conon spect (598 Colour Shue A/C: Insured/Std/NI/NA
at Workshop m/s Tan Lim Mah	707/73 T/Dadio: Insured / Std / NI / NA
of 1 Defu Lane 6	Sp.Reading BUTTY
Insured:	Eng/No: wavzm6EF.3k1035033
Policy No.	Onto.
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: 275/33/1214
Remark: The veh had commenced its N/S O/	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 7 FUR
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. phm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 7 mm L/Bal. 4 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 30/12/19 D.O.I. 8/1/20
tum Sum: % 3 Val.: Yes or No	· Survey held at TAn Low motor
CA / REV / REP. / 24 HRS Vehicle: IN/	Des. of Damages : Frt Rear O/S N/S U/C Rooftop or
Dale: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	· * 5m2 7790P
	* 5 cm 2 779 D P
	he Rober C.
	to workers party up the price of
mu - 129000 pv - 61755	mm william -
NU- 67200	us = (ay min Grymn
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Final Peport	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add	Fee: : Site Insp (\$)s+Rssi
2)	: Interview (\$) Photos
Form Formet	: Tech. Invs (\$) Others
Reput Format: Lump Sum / LBJ: (%)	:Weetend (\$
rands came assures	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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Quite a steal

From time to time I get to drive my friend's car, he bought when it was on promo for \$10x k. Probably closest comparison will be vs Mazda 6, a fellow mainstream mid size sedan. If you want power, n... Read More »

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Opel Insignia Grandsport Diesel Discussion

Topic Title

Opel Insignia 2017

Replies 342

Last Action 08-Jan-2020