5/5/201	ın:	

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

S\$

cc6/cT120003966/Uka3 INS. CASE OWNER:

11	۱
	LK
l)	

IDAC:

SSIGNME

	Marcus	DOI: ASSIGNMI		Date/Time: \\3	10312	020
Surveyor:	Marcas	DOI		Registered in Merimen:	_	
Pre-assign / CCU	/ FTE			Registered in Merinica.		
Fre-assign/ CCO						
Insured Vehicle No	. : <u>GBB 6517C</u>		Claim No.	:		
Name of Insured	1		Policy No.	:		_
Insured Tel No.	: HP:		Make / Model	:		
Excess Sec II :S\$		: 3/3/2020	Place of Accide			
			Tace of Accide			
Is driver the owner		of Accident :				
If NO, Driver Nar	CTC1			RT: YES / NO ; TP GIA I		/ NO
Driver Tel	No. :	(V/L: YES / NO )	Insured Liabilit	y: % Final	? Yes/No	
GBC 77951	D					
0,00 11 10	_	_				
INSRS: LIU'S BI	rother INSRS:		INSRS:	// 11	INSRS: WSP:	
A Tel: Auto bue			WSP: Tel:	41 /2	Tel:	
Liability:	Liability:		Liability:	n n	Liability:	
RMKS:	RMKS:		RMKS:		RMKS:	
Date/ Time						
	GRC 779ED ->	<		STAGE	DATE	E/PIC
	VIDE 11 GD			Non-Reporting ltr (1st):		
	GBB 6517C- CC3/CT1180 1	5268/RIW9312 115	18/2018	Non-Reporting ltr (2nd):		
	- CC3/TM110		06/2011	Non-Reporting ltr (Final): Notification ltr (if non-pick	un):	
	-CS3/FC118014	719/17249852 ;15	108/2018	Call OI:	лр):	
				After call ltr to OI:		
				Documentation Check Lis	st: Handler	Typist
				Notification ltr (if non-pick		
				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	on:	
				LOD		
				Payment Breakdown Forn	n:	
RELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:		
				Others:		
INALIZATION	Date/Time:	Confirm with:		Confirm by:		_
		s) Reduction: 5524.10/78	%	Email	Call	
TNAL SETTLEMENT	Date/Time: Confirm			Email Call		
inal Liability:	% (Agreed / Assesse	d) BOLA S/		If NO or B 28, Ass. Lia:		

FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
Final Liability:	%	(Agreed / Assessed) BOLA SP	If NO or B 28, Ass. Lia:
Repair Cost:	S\$		OTI OUDMIT WD
Loss of Rental (LOR):	S\$	days)	CTI - SUBMIT WP.
Loss of Use (LOU):	SS	(\$ days)	
Loss of Income (LOI):	S\$	(\$ d	
LOR only LOU only	LOR+	LOU [Tick only one]	
GIA/LTA Search	S\$		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	Yow/ Independent )	2) Report Format: WP
Legal Cost	S\$		3) Survey fee: \$ 350
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Fmail Call

Name 1:

Name 2:

Name 3:

	eus	L GOY GYD FOR THE
· ·		ASSIGNMENT
From:	Date:	Veh No: 63C 779CD Yr Regn: // /S
Estimated Cost:		Type: M.Car / M.Cycle / Bus (Van / Lorry / Taxi / Prime Mover /
OD TP I WS I TP RES	OD RES / EVA / INV / MV	Truck/Trailer or ( , )
To Inspect Vehicle No:	65C7795	Make: - Zepta hiece c.c 2982
at Workshop m/s	1145 420	Colour 7 Jack A/C: Insured / Std / NI / N.
of	100/100	Sp.Reading 1596/8 T/Radio: Insured / Std / NI / N
Insured:	63B 65170	Eng/No:
Policy No.		C/No: JTFHT0278001205
Claims No.		Gen. Cond; Good Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Iporder / Jammed / Leaked / Burnt or
(Client's Record)	LAUGSS.	Brake: Morder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil DS/Rim / STD A/Rim or
THE OF YORK		
(0-11		Tyre Size: F: 195 R.15
(Policy Condition)		R:
Remark: The veh had o	time of inspection.	N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	) Ol	TOYO/YOKO or Austone
Bal. or Market Value:	28K.	Front Rear
DAC Accident Rport:	Consistent? : Yes or No	R/Bal. 6 mm R/Bal. mi
GIA / PR Seen:	Consistent? : Yes or No	lo L/Bal. 6 mm L/Bal. 5 mi
Est. Repairs:	days Res.: Yes or N	No D.O.A. 3/3/20 D.O.I. 13/3/20
.um Sum:	% 3 Val.: Yes or N	No Survey held at
CA / REV / REP.	1 24 HRS Ly A 2	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
	Vehic	icle: IN/OUT 0/5 20 Ly
Date:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
340.		and who Su San.
	: Preli. Report	Days Of Repair:
ate/Time, File Pass to?		5 N 67:
	: Final Report	Resurvey No. of Trip: Survey Fee:
	: Final Report	Transportation:
) Date/Time, File Return to?	: Final Report	Add Fee:: Site Insp (\$)s+Rs,si
Date/Time, File Pass to?  Date/Time, File Return to?  Report Format:	: Final Report	Transportation:

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₩ 2 Sort by Date Posted Browse by Category 1 vehicles Advanced Search hiace Mileage Veh Type Make Model Eng Cap Price Depreciation Reg Date Search Selection hiace Απν Any 2013 Anv Anv Toyota Hiace 3.0M \$33,800 \$8,920 /yr 27-Dec-2013 2,982 cc 120,000 km Van Fuel Type: Diesel



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Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	196N	
Vehicle No.:	GBC7795D	
Vehicle to be Exported:	No	
Intended Deregistration Date:	13 Mar 2020	
Vehicle Make:	TOYOTA	
Vehicle Model:	HIACE MANUAL	
Primary Colour:	White	
Manufacturing Year:	2013	
Engine No.:	1KD2315338	
Chassis No.:	JTFHT02P800120558	
Maximum Power Output:	-	
Open Market Value:	\$25,820.00	
Original Registration Date:	22 Nov 2013	
First Registration Date:	22 Nov 2013	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$1,291.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	-	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	21 Nov 2023	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
QP Paid:	\$55,503.00	
COE Rebate Amount:	\$20,474.00	
Total Rebate Amount:	\$20,474.00	

The information contained herein is correct as at 13 Mar 2020

OK