|--|--|--|--|--|--|--|--|--|--|

LKK:

	INS. CASE OWNER	:	CC6 1C	T1200039	766 /UKa3		IDAC;	
	Surveyor:	Marcus	DOI	10 1 -	NMENT 3 / 2026	Date / Time :	13/03/	2020
						Registered in Merin	men:	
	Pre-assign / CCU /	FTE						
	Insured Vehicle No.	: GBB 651	10		Claim No.	:		
	Name of Insured				Policy No.			
	Name of Insured			-				
V	Insured Tel No.	:	HP:		Make / Model	:		
	Excess Sec II :S\$		D.O.A: 3/3	12020	Place of Accide	ent :		
	Is driver the owner?	YES / NO	Nature of Accie	dent :				
	If NO, Driver Nam	ne / Age :			OI GIA REPO	RT: YES / NO ; TP	GIA REPORT:	(ES / NO
	Driver Tel N		(V/L: )	(ES/NO)	Insured Liabilit			
	GBC 77950	<u> </u>					<b>-</b>	
	INSRS: LIU'S BN WSP: LIU'S BN Tel: Auto Eug Liability: RMKS:	ineering T	/SP: el : iability : MKS:		WSP: Tel : Liability : RMKS:		WSP: Tel: Liability: RMKS:	
	Date/ Time							
		GBC 77°	ED -X			STAGE		ATE/PIC
		GBB 6517C- CC	7/15/19/10/01	Philodes	15/8/2018			
		ALDE AND DE	3/11/11/10/12/319	Kaka .	3/06/2011			
		-CS3	1FC 1801497810	1240802	:15/08/2018			
						Call OI:		
						After call ltr to OI:		
						Documentation Che	eck List: Handle	Typist
							n-pickup)	
						Date / Time:		
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						-	_	
							_	
								-
						1		-
		[						-
						Mandate/Reject Ins	truction:	

			PIR;
			Mandate/Reject Instruction:
			LOD
			Payment Breakdown Form:
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:
			Others:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	( days) Reduction: %	Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with	Email Call
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lia:
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$	( days)	
Loss of Use (LOU):	S\$ (\$	x days)	
Loss of Income (LOI):	S\$ (\$	x days)	
LOR only LOU only	LOR + LOU	LOR + LOI [Tick only one]	
GIA/LTA Search	SS		
Medical:	S\$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent )	2) Report Format:
Legal Cost	S\$		3) Survey fee:
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

	eus	1007077
5		ASSIGNMENT
From:	Date:	Veh No: 63C 779CO) Yr Regn: // /
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	1) Make: - Zepta hiece c.c 2982
at Workshop m/s	1145 420	Colour Z Zool A/C: Insured / Std / NI / N
of	100/100	Sp.Reading 75 96/2 T/Radio: Insured / Std / NI / N
Insured:	63B 65170	Eng/No:
Policy No.		CINO: JTFHT0278001205
Claims No.		Gen. Cond: Good Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Iporder/ Jammed / Leaked / Burnt or
(Client's Record)	LAUGOS.	Brake: Morder / Jammed / Leaked / Burnt or
Make of Veh:		
VIGNO OI VOII.		Modi: Nil 0\$/Rim / STD A/Rim or
(C. ).		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 /
	nine of inspection.	TOYO/YOKO or Austone
Bal. or Market Value:	78K.	Front Rear
DAC Accident Rport:	Consistent?: Yes or No	No R/Bal. 6 mm R/Bal. m
GIA / PR Seen:	Consistent?: Yes or No	No L/Bal. 6 mm L/Bal. 5 m
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 30 Ly
Date:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
349.		and who Su Sa.
		h
ate/Time File Dace In?		
ate/Time, File Pass to?	: Preli. Report	Days Of Repair:
	: Preli. Report	Resurvey No. of Trip: Survey Fee:
		Resurvey No. of Trip: Survey Fee:  Transportation:
) Date/Time, File Return to?		Resurvey No. of Trip:         Survey Fee:           Transportation:         )S + RS,SI
Pate/Time, File Pass to?  Date/Time, File Return to?		Resurvey No. of Trip: Survey Fee:  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