15/5/2010		CC6 /ALG-20004	OLT / Ala 03	LKK:	
INS. CASE OW	NER:	COD 1410120004	oro / ninas	IDAC:	
Surveyor:	Adrian	DOI: ASSIGN	MENT / 2020	Date/Time: My 37207	20
				Registered in Merimen:	
Pre-assign / C	CU/FTE				
Insured Vehicle	No. : SLL 66635		Claim No.	:	
Name of Insure	ed :		Policy No.	:	
Insured Tel No	1	HP:	Make / Model	:	
Excess Sec II :	S\$	D.O.A: 5/3/2020	Place of Accid	dent: Upper Thomson Ro	d towards
Is driver the ow		Nature of Accident :		town.	
			OLCIA DEDC	DRT: YES / NO ; TP GIA REPORT:	VES / NO
If NO, Driver	Name / Age : Fel No. :	(VIII. VEC / NO.)	Insured Liabil		
		(V/L: YES / NO)	Insured Liabil	ity: % Final: Tes/1	140
SGK 497	2C				
INSRS: WSP: KAI Tel: Liability:	uptor INSRS: WSP: Tel: Liabilit		INSRS: WSP: Tel: Liability:	INSRS: WSP: Tel: Liability:	
RMKS:	RMKS	107-101	RMKS:	RMKS:	•
			141111111111111111111111111111111111111		
Date/ Time	0G+ 1070 C	my lamination	2 . 20 /0/ / / /	lom. op	DATE / DIC
	SGR 4172C - CS	11NC 080)70777	5 , 29/01/14	STAGE Non-Reporting ltr (1st):	DATE / PIC
	- 14/1	110000021303/1 }	0/10/2010	Non-Reporting ltr (2nd):	
	SLL 66635 - NP	TM 1 18022870 /24	= 19/12/2018	Non-Reporting ltr (Final);	
				Notification ltr (if non-pickup):	
				Call OI: After call ltr to OI:	
				Documentation Check List: Handl	ler Typist
				Notification ltr (if non-pickup)	Typist
				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:	
PRELIMINARY ADVI	CE Date/Time:	Sent By:		Post-Repair Photos:	
PINA FIZAMION	D . M			Others:	
FINALIZATION Page 1 Control	Date/Time:	Confirm with:	at .	Confirm by:	
Repair Cost: FINAL SETTLEMENT	S\$ (days) Reduction:	%	Email Ca	ш
Final Liability:		Confirm with		Email Call	
Repair Cost:	S\$ (Agreed /	Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia:	
Loss of Rental (LOR):	S\$ (days)			
A TOTAL	1				

Loss of Use (LOU):

GIA/LTA Search Medical:

Disbursement:

Legal Cost

Total:

Payee 1:

Loss of Income (LOI):

FINAL PAYMENT

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

LOR only LOU only

S\$

S\$

S\$

S\$

S\$

S\$

S\$

S\$

S\$

Date/Time:

(\$

(\$

LOR + LOU

days)

days)

Global Sum S\$:

Confirm with:

Name 1:

Name 2: Name 3: [Tick only one]

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

Email Call

3) Survey fee:

LOR + LOI

ASSIGNMENT

From: Date:	Veh No: SGK 4972C. Yr Regn: 2006 Hugust.
Estimated Cost:	Type: M.Car bM.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toyota Yaris c.c 1497
at Workshop m/s	Colour Red . A/C: Insured / Std / NI / NA
of	Sp.Reading 187411 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: MROS4HY9104016637
Claims No.	Gen. Cond Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Incred / 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: 195/55 R15
(Policy Condition)	R: 195/55 R15
Remark: The veh had commenced its N/S O/S	BS /OUN / 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. Of mm R/Bal6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 96 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 13/03/20
Lum Sum: % 3 Val.: Yes or No	'Survey held at Kai Molor. /
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	Front 0/8.
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	WE Expiry: 30/06/26.
11410.	20 E ER NICY . 30 00 26 .
	70 2
mv : 351c	
PV: 29.3k	
Nett. 5.7C	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee	: Site Insp (\$)_s+Rs_s
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / LBJ: (\$)	: Weet end (A

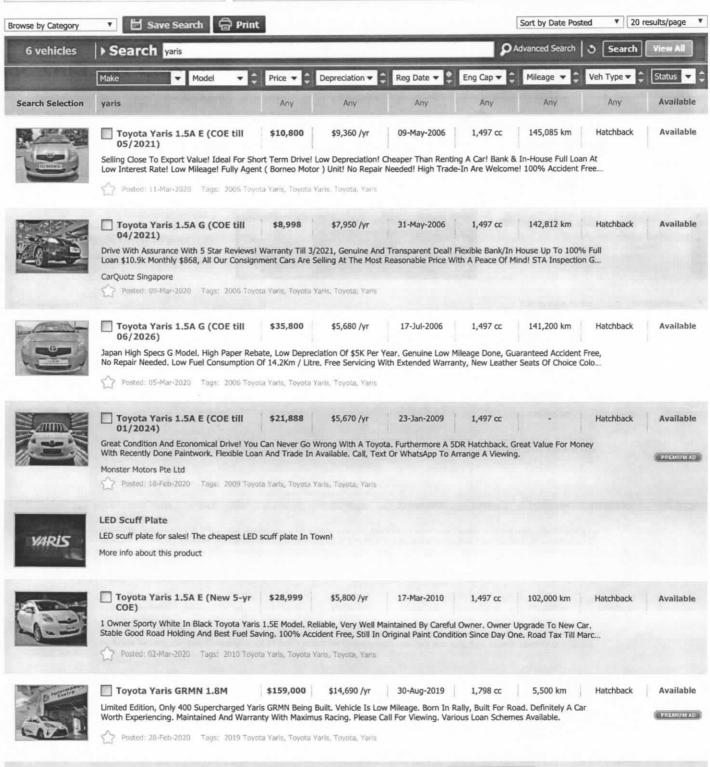
the moment











> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	814H	
Verlicle Details		
Vehicle No.:	SGK4972C	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	13 Mar 2020	
Vehicle Make:	TOYOTA	
Vehicle Model:	YARIS E AUTO	
Primary Colour:	Red	
Manufacturing Year:	2006	
Engine No.:	1NZX461089	
Chassis No.:	MR054HY9104016637	
Maximum Power Output:	80.0 kW (107 bhp)	
Open Market Value:	\$15,072.00	
Original Registration Date:	16 Aug 2006	
First Registration Date:	16 Aug 2006	
Transfer Count:	0	
Actual ARF Paid:	\$15,467.00	
Intended PARF Rebate Details		DE L
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
Intended COF Rebate Details		
COE Expiry Date:	30 Jun 2026	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
PQP Paid:	\$46,454.00	
COE Rebate Amount:	\$29,253.00	
Total Rebate Amount:	\$29,253.00	

The information contained herein is correct as at 13 Mar 2020