INS. CASE OWNER: LOH CHEE HENG

CC3/AIG20004158/R1da3

LKK: IDAC:

ASSIGNMENT

Surveyor:	RASUL	

DOI: 18/03/2020

Date / Time:

17/03/2020

Registered in Merimen:

6581011293SG

17/03/2020

Pre-assign / CCU / FTE



SFR 8910E Insured Vehicle No.

HO YEW HAY, DAVE

HP:

Make / Model :

Policy No.

Claim No.

1800106554 MITSUBISHI ATTRAGE-1.2 CVT (A)

D.O.A: 17/03/2020 08:30 Excess Sec II:S\$

Place of Accident:

ALONG CTE(NEAR HONG WEN SCHOOL)

Is driver the owner?

SKQ 277Z

Name of Insured

Insured Tel No.

(YES / NO)

Nature of Accident:

OI GIA REPORT: (ES / NO ; TP GIA REPORT: (ES / NO Final? Yes/No Insured Liability:

If NO, Driver Name / Age: CHRISTINE CHUA CHIEW GUAT Driver Tel No.:

+65-97818580

(V/L: YES / NO)

SMA 4799T

SLT 3970H

INSRS:

WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS: OI

SFR 8910E



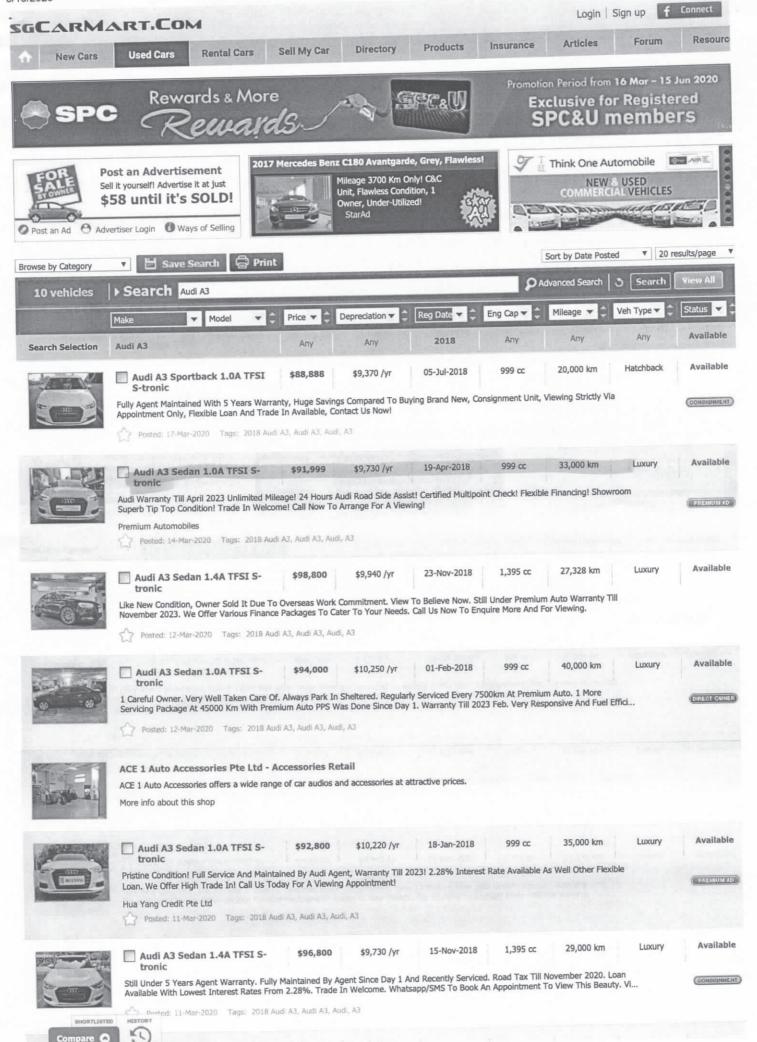
INSRS: WSP: PREMIUM Tel: Liability: TP RMKS:



INSRS: WSP: Tel: Liability: RMKS:

(0FD 0040F V	STAGE	DATE / PIC	
	SMA 4799T - X	SFR 8910E - X	Non-Reporting ltr (1st):	DATETTIC	
			Non-Reporting ltr (2nd):		
			Non-Reporting ltr (Final):		
			Notification ltr (if non-pickup):		
			Call OI:		
			After call ltr to OI:		
			Documentation Check List: H	landler 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:		
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:		
REEMINANT ADVICE	Date I inter		Others:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost:	S\$ (days) Reduction: %	Email	Call	
	Date/Time:	Confirm with	Email Call		
GNAL SETTLEMENT		22.00	If NO or B 28, Ass. Lia:		
	% (Agreed)	Assessed) BOLA S/N No. :	II NO of B 28, Ass. Lia .		
FINAL SETTLEMENT Final Liability: Repair Cost:	% (Agreed /	/ Assessed) BOLA S/N No. :	II NO of B 25, Ass. Lia .		
Final Liability: Repair Cost:	S\$	/ Assessed) BOLA S/N No. : days)	II NO OF B 26, ASS. LIA .		
Final Liability: Repair Cost: Loss of Rental (LOR):		days)	II NO OF B 26, ANS. LIA .		
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU):	S\$ S\$ (days) days)	II NO OF B 26, ANS. LIA .		
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI):	SS (S x SS (S x x SS (S x x x x x x x x	days)	II NO OT B 26, ASS. LIA .		
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only	S\$ (\$ x S\$ (\$ x x S\$ (\$ x x x x x x x x x x x x x x x x x x	days) days) days)			
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search	S\$ (\$ x S\$ (\$ x LOR + LOU I	days) days) days)	Claim status: Normal/Rejection	ct/Private Settle	
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical:	S\$ (\$ x S\$ (\$ x S\$ (\$ x S\$ LOR + LOU 1	days) days) days)	Claim status: Normal/Reject Report Format:	ct/Private Settle	
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement:	S\$ (\$ x S\$ (\$ x S\$ (\$ x LOR + LOU 1 S\$	days) days) LOR + LOI [Tick only one]	Claim status: Normal/Rejection	ct/Private Settle	
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost	S\$ (\$ x S\$ (\$ x S\$ (\$ x S\$ S\$ (\$ x S\$ S\$ (\$ x	days) days) LOR + LOI [Tick only one]	1) Claim status: Normal/Reject 2) Report Format: 3) Survey fee:	ct/Private Settle	
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost Fotal:	S\$ S\$ (\$ x S\$ (\$ x S\$ LOR + LOU I S\$ S\$	days) days) days) LOR + LOI [Tick only one] (e.g. Tow/ Independent)	Claim status: Normal/Reject Report Format:	ct/Private Settle	
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost Total: FINAL PAYMENT	S\$ S\$ (\$ x S\$ (\$ x S\$ (\$ x S\$ S\$ (\$ x S\$ S\$ S\$	days) days) days) LOR + LOI [Tick only one] (e.g. Tow/ Independent) Global Sum S\$:	1) Claim status: Normal/Reject 2) Report Format: 3) Survey fee:	ct/Private Settle	
Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost Total:	S\$ (\$ x S\$ (\$ x S\$ (\$ x S\$ (\$ x S\$ S\$ (\$ x DATE \$ x S\$ S\$ S\$ S\$ S\$ S\$ S\$	days) days) LOR + LOI [Tick only one] (e.g. Tow/ Independent) Global Sum S\$: Confirm with:	1) Claim status: Normal/Reject 2) Report Format: 3) Survey fee:	ct/Private Settle	

	Date: 18.3.2020	Veh No:	SMA 47997	Yr Regn: 18 7 Jun
rom:	Date.	Type: M.Car	M.Cycle / Bus / Van /	Lorry / Taxi / Prime Mover /
stimated Cost:	LOD DECLEVA LIMIVIDAV		/ Trailer or	
	SMA 4799T	Make:	AUDI AZ SEDAN	1.0781 5.1 c.c 999
o Inspect Vehicle No:	Premium	Colour	846	A/C: Insured / Std / NI / NA
Workshop m/s	Sector	Sp.Reading	45 910	T/Radio: Insured / Std / NI / NA
	SECUL.	Eng/No:		
sured:		C/No:	WAU 222 &V	731066524
olicy No.			Good / Pair Poor / Bu	
laims No.			order / Jammed / Leak	
um Insured:	Excess:		order / Jammed / Leak	
(Client's Record)				
Make of Veh:			1 SIRIM / STD A/Rim	-level"
		Tyre Size:	F: 2	05/55R16"
(Policy Condition)			K:	
Remark: The veh had	commenced its N/S O/S	BS / DUN /	EXNOVA / GY / FS / LI	ZA MIC / OHTSU / PIR / SUMI /
repair at the	time of inspection.	TOYO / YO	OKO or	
Bal. or Market Value:	92K	Front		Rear
DAC Accident Rport:	Consistent? : Yes or No	R/Bal.	6 mm	R/Bal. 6 mm
	Consistent? : Yes or No	L/Bal.	mm	L/Bal. (mm
GIA / PR Seen:	D. V No	D.O.A. 17	103/2020	D.O.I. 18/03/2020
Est. Repairs:	and a second second	Survey held		REMIUM
CA / REV / REP	. / 24 HRS (Mp)	Des. of Dar		DIS I NIS I UIC I Rooftop or
Date:	Vehicle: IN / OU Person Contacted:	The U/C	C / Chassis frame / I	Body Structure affected due to collision.
Date / Time Act	ion / Instruction		,	
		1		
				2
Date/Time, File Pass to?	: Preli. Report	Days Of R	epair:	
1)	: Final Report	Resurvey	No. of Trip:	Survey Fee:
Date/Time, File Return to?				Transportation:
2)	Add Fe	ee: : Sit	e Insp (\$)S+RS,SI
~1		: Int	erview (\$) Photos
Panart Format		-	ch. Invs (\$) Others
Report Format :	1. /0		eekend (\$	
Lump Sum / I.B.I	ι (Φ		SANTONIAN ST	TOTAL





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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	Singapore NRIC
Owner ID:	634D
Wehicle Details	
/ehicle No.:	SMA4799T
/ehicle to be Exported:	No
ntended Deregistration Date:	19 Mar 2020
/ehicle Make:	AUDI
Vehicle Model:	A3 SEDAN 1.0 TFSI S TRONIC (LED)
Primary Colour:	Blue
Manufacturing Year:	2018
Engine No.:	CHZ940477
Chassis No.:	WAUZZZ8V7J1066524
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$24,711.00
Original Registration Date:	09 Jun 2018
First Registration Date:	09 Jun 2018
Transfer Count:	0
Actual ARF Paid:	\$26,596.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Jun 2028
PARF Rebate Amount:	\$19,947.00
Intended COE Repate Details	
COE Expiry Date:	08 Jun 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,001.00
COE Rebate Amount:	\$31,241.00
Total Rebate Amount:	\$51,188.00

The information contained herein is correct as at 19 Mar 2020

ОК

92,500