15/5/2010	

Surveyor:

NS	CASE	OWNER.	

CC 6/A16/2000 4185 / Ahs3 DAC:

1	LKK:
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_	_			_	

_			

Adrian

Date / Time : 17/3/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.

GBD 3115 M

Claim No.

Name of Insured Insured Tel No.

HP:

Policy No.

Excess Sec II :S\$

D.O.A: 16/3/2020

Make / Model : Place of Accident:

Is driver the owner? (YES / NO)

Nature of Accident:

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

If NO, Driver Name / Age: Driver Tel No.:

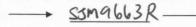
(V/L: YES / NO)

Insured Liability:

GBD 3115M

Final? Yes/No

YN7287L



INSRS:

WSP: Tel:

Liability:

RMKS: (01)

INSRS:

WSP: SM Automotive

Tel:

Liability: RMKS: (1P)

GBH 4529A



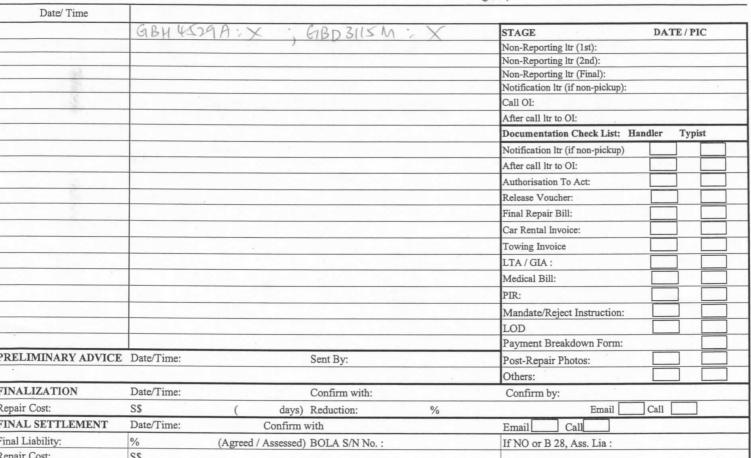
INSRS: WSP: Tel: Liability: RMKS:

Payee 3: (Strike if N.A.)



INSRS: WSP: Tel: Liability: RMKS:





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\$	4	
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 LO	OR + LOI [Tick only one]	
GIA/LTA Search	S\$		
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:	Mark Control of the C
Payee 2: (Strike if N.A.)	S\$	Name 2:	

Name 3:

A	SSI	621	JIN	THE	N	T
7-81	TITE	TEL	ATA.	E.E.	LA	1

From: Date:	Veh No: 6BH 4529A. Yr Regn: 2018 / June.
Estimated Cost:	Type: (McCar / M.Cycle / Bus / Vap / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toysta Hille. c.c 2982
at Workshop m/s	Make: Toysta Hicke. c.c 2982 Colour Silver A/C: Insured/Std/NI/NA
of	Sp.Reading 58972 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JTFHT02P500243072
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:	Modi : Nil S/Rim / STD A/Rim or
	Tyre Size: F: 195 P15 C
(Policy Condition)	R: 135R15 C
Remark: The veh had commenced its N/S O/S	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
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 00 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 17/03/20
Lum Sum: % 3 Val.: Yes or No	'Survey held at SM.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / (Rear)/ O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	W. L. L. L. Wieler
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	,
11 11 6	
m∨ :	
PV:	
Nett:	
Dale/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 Fed	
	: Interview (\$) Photos
Report Formal:	: Tech. Invs (3) Others
Lunip Sum / LBJ: (3	: Westend (\$
	Land and the second a

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

654C

Vehicle Details

Vehicle No.:

GBH4529A

Vehicle to be Exported:

No

Intended Deregistration Date:

16 Mar 2020 TOYOTA

Vehicle Make: Vehicle Model:

HIACE VAN TURBO 5DR MT

Primary Colour:

Silver

Manufacturing Year:

2018

Engine No.:

1KD2806213

Chassis No.:

JTFHT02P500243072

Maximum Power Output:

Open Market Value:

\$28,138.00

Original Registration Date:

08 Jun 2018

First Registration Date:

08 Jun 2018

Transfer Count: Actual ARF Paid:

\$1,407.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

07 Jun 2028

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$21,992.00

COE Rebate Amount:

\$18,091.00

Total Rebate Amount:

\$18,091.00

The information contained herein is correct as at 16 Mar 2020

OK