15/5/2010				LKK:	
	CC3/AIG20	004254/C	(ea3	IDAC:	
INS. CASE OWNER:	ASSIGNM				
	DOI: 17/03/2020		Date / Time :		
Surveyor: SUN PIN	DOI:		Registered in Me	imen: 19/03/202	20
			Registered in Me	illion.	
Pre-assign / CCU / FTE					
Inquired Vehicle No SKV 959M		Claim No.	:		
insured venicle ivo.		Policy No.			
Name of Insured :					
Insured Tel No. :	HP:	Make / Model			
Excess Sec II :S\$	D.O.A: 14/03/2020	Place of Accide	ent :		
	Nature of Accident :				
is direct the owner.		OI GIA REPO	RT: YES / NO ; T	TP GIA REPORT: YE	ES / NO
If NO, Driver Name / Age:	(V/L: YES / NO)	Insured Liabili		Final? Yes/No	
Driver Tel No. :	(V/L, 1E3/140)				
SHB 144M —→				→	
		NIGDG.		INSRS:	
INSRS:		INSRS: WSP:		WSP:	
WSP: SMRT WSP:	*	Tel:	1	Tel:	
1 161. 7.6.	. b b	Liability:	la de	Liability:	
J Liability .	1/4 - 1/1	RMKS:	N. T.	RMKS:	
RMKS: RMKS:					
Date/ Time		2/2000	STAGE	DA	TE / PIC
SHB 144M - NJM/I	NC09027551/T1y1 04/12 IC11003106/R1b2n 17/02	2/2009	Non-Reporting lts	(1st):	
NS/IN NS/IN	IC14010865/K1tbk3 06/0	6/2014	Non-Reporting lt	(2nd):	
140/114	011010000,111010		Non-Reporting lt		
SKV 959M - X			Notification ltr (i	non-pickup):	
			Call OI: After call ltr to O	T-	
				Check List: Handler	Typist
			Notification ltr (i		
			After call ltr to O		
			Authorisation To		
			Release Voucher		
			Final Repair Bill		
			Car Rental Invoi	ce:	
			Towing Invoice		
			LTA / GIA :		
			Medical Bill:		
			PIR:		
			Mandate/Rejec	Instruction:	<u> </u>
			LOD		
			Payment Break		
IMINARY ADVICE Date/Time:	Sent By:		Post-Repair Ph	otos:	
			Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	Others:	
			Confirm by:	
FINALIZATION	Date/Time:	Confirm with:	F1 Coll	7
Repair Cost:	S\$ (days) Reduction:		
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 I	OR + LOI [Tick only one]		
GIA/LTA Search	S\$		Claim status: Normal/Reject/Private Sett	tle
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	S\$		3) Survey fee:	
Total:	S\$	Global Sum S\$:	B 3 Call	
FINAL PAYMENT	Date/Time:	Confirm with:	Email Call	
Payee 1:	SS	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

ASSIGNMENT ASSIGNMENT ASSI	C DEC DV. C. P. D. Alg.	
Type: M.Car / M.Cycle / Bus / Van / Lorry (Tad) Prime Mover / Truck / Trailer or Make: Toyota Prius 4: cc 1795 Morkshop m/s SMRT Colour Murcon AC: Insured / Std / Ni / Ni Sp. Reading 2 44403 T/Radio: Insured / Std / Ni / Ni Std / Ni / Ni / Ni Sp. Reading 2 44403 T/Radio: Insured / Std / Ni / Ni Stering In readio: Insured / Std / Ni / Ni Stering In readio: Insured / Std / Ni / Ni Stering In readio: Insured / Std / Ni / Ni Stering In readio: Insured / Std / Ni / Ni Stering In readio: Insured / Std / Ni / Ni Stering In readio: Insured / Std / Ni / Ni Stering In readio: Insured / Std / Ni / Ni Stering In readio: Insured / Std / Ni / Ni Stering In readio: Insured / Std / Ni / Ni Stering In readio: Insured / Std	S. REU. DI. JUN PIN.	GNMENT
Truck/Trailer or Make: Toyoty Priu 4: cc 1795 Colour Make: Toyoty Priu 4: cc 1795 Sp.Reading 24403 Tradic: Insured Std / Ni / Ni Sp.Reading 24403 Tradic: Insured Std / Ni / Ni Sp.Reading 24403 Tradic: Insured Std / Ni / Ni Sp.Reading 24403 Tradic: Insured Std / Ni / Ni Sp.Reading 24403 Tradic: Insured Std / Ni / Ni Sp.Reading 24403 Tradic: Insured Std / Ni / Ni Sp.Reading 24403 Tradic: Insured Std / Ni / Ni Sp.Reading 24403 Tradic: Insured Std / Ni / Ni Sp.Reading 24403 Tradic: Insured Std / Ni / Ni Sp.Reading 24403 Tradic: Insured Std / Ni / Ni Sp.Reading 24403 Tradic: Insured Std / Ni / Ni Sp.Reading 24403 Tradic: Insured Std / Ni / Ni Sp.Reading 24403 Tradic: Insured Std / Ni / Ni Sp.Reading 24403 Tradic: Insured Std / Ni Ni Ni Sp.Reading 24403 Tradic: Insured Std / Ni Ni Ni Sp.Reading 24403 Tradic: Insured Std / Ni	Date: 17/03 2020	Veh No: SHB 144 M Yr Regn: 28/11 /2017
Make: Toyofd Prius 4: cc 1795	limated Cost:	
Inspect Vehicle No. SHB AAT	O (TP) WS / TP RES / OD RES / EVA / INV / MV	140
Workshop m/s SMPE Wood India Sured: Sured: Sp.Reading 244403 T/Radio: Insured / Std / NI / Ni Sp.Reading 24403 T/Radio: Insured / Std / NI / Ni Sp.Reading 24403 T/Radio: Insured / Std / NI / Ni Sp.Reading 24403 T/Radio: Insured / Std / NI / Ni Sp.Reading 24403 T/Radio: Insured / Std / NI / Ni Sp.Reading 24403 T/Radio: Insured / Std / NI / Ni Sp.Reading 24403 T/Radio: Insured / Std / NI / Ni Sp.Reading 24403 T/Radio: Insured / Std / NI / Ni CNo: JTPkB3Fu463574 #36. Gen. Cond: Good / Faily Poor / Burnt Steering: Inprde/ Jammed / Leaked / Burnt or Brake: Inqude/ Jammed / Leaked / Burnt or Modi: Nii / SRih / STD A/Rim or Tyre Size: F: 145 / 65 / R/S R: 14		109019 17100 1
Survey Fee: Surve		Colour 1/(Q/O()/).
CINC: JTPKB3FU403574436. CINC: JTPKB3FU403574436. Gen. Cond: Good (Fair) Poor / Burnt Steering: Inprde) / Jammed / Leaked / Burnt or Brake: Inprde) / Jammed / Leaked / Burnt or Modi: Nil / Rithy / STD A/Rith or Hold: Nil / Rith or Hold: Nil / Rithy / STD A/Rith or Hold: Nil / Rithy / STD	woodlands Depot	Sp.Reading 249903 1/Radio: Insured / Std / N/ NA
Jalains No. Jalains	sured:	Eng/No:
laims No. um Insured: Excess: (Client's Record) take of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Sal. or Market Value: DAC Accident Rport: Consistent?: Yes or No Gisi / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No CA / REV / REP. / 24 HRS / Vehicle: IN / OUT Date: Person Contacted: Date / Time	olicy No.	
Steering: Inforder / Jammed / Leaked / Burnt or Brake: Inforder / Jammed / Leaked / Burnt or Modi: Nil / Sirking / STD A/Rim or Tyre Size: F: 145/65 R / S R:		
Client's Record take of Veh:		Steering: Inorder / Jammed / Leaked / Burnt or
Modi: Nil / \$Rim / STD A/Rim or Consistent First First		Brake: Inorder / Jammed / Leaked / Burnt or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Sal. or Market Value: DAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time		Modi: Nil / S/Rim / STD A/Rim or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Sal. or Market Value: DAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time	damag	R Tyre Size: F: 195/65 R15
Remark: The veh had commenced its repair at the time of inspection. Sal. or Market Value:	(Policy Condition)	R: 145/65 R15
repair at the time of inspection. TOYO / YOKO or		
DAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS V Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction		
DAC Accident Rport: Consistent?: Yes or No SIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS (W) Date: Person Contacted: Vehicle: IN / OUT Date / Time	Col. or Market Value:	Front Rear
Consistent? : Yes or No Call Report Survey Repairs Consistent? : Yes or No Call Report Call	0 11 10 VN-	P/Pol / mm
Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS W Vehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction	DAO Accident Aport	L/Bal. 6 mm
Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Person Contacted: Person Contacted: The U/C / Chassis frame / Body Structure affected due to coll TACK / 03 / 20 / 20 / 45 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Dan Ves er No	D.O.A. 14/03/2020 D.O.I. 17/03/2020
Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction	2 Val. Vac or No.	
Vehicle: IN/OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to coll The U/C / Chassis frame / Body Structure affected due to coll TAX/03/20/2045 SIKV 959 M Date/Time, File Pass to?: Preli. Report	Luiii Suiii.	
Date / Time Action / Instruction TP TAX / 03 / 2 0 / 2 0 / 5 Sit V 959 M Date/Time, File Pass to? Preli. Report Preli. Report Preli. Resurvey No. of Trip: Survey Fee:	CA / REV / REP. / 24 HRS'	
Date/Time, File Pass to? Preli. Report Days Of Repair: Survey Fee:		The U/C / Chassis frame / Body Structure affected due to collision
Date/Time, File Pass to? Preli. Report Days Of Repair: Survey Fee:	Date / Time Action / Instruction	TP
Date/Time, File Pass to? : Preli. Report Days Of Repair: : Final Report Resurvey No. of Trip: Survey Fee:		
Date/Time, File Pass to? : Preli. Report Days Of Repair: : Final Report Resurvey No. of Trip: Survey Fee:		
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	Final Banart	Resulvey No. of Trip.
Add Fee: Site Insp. (\$) S+RS, SI	1) : Final Report	
2)	1) : Final Report Date/Time, File Return to?	Transportation:
manufacture of the same of the	1) : Final Report	Transportation:
Lump Sum / L.B.J.: (%) : Weellend (%)	1) : Final Report 2) : Add Fe	Transportation: Site Insp (\$)S+RSSI

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

/ehicle Owner Particulars	Company
Owner ID Type:	369K
Owner ID: Vehicle Details	
Vehicle No.:	SHB144M
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZRS105065
Chassis No.:	JTDKB3FU403574436
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	28 Nov 2017
First Registration Date:	28 Nov 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Nov 2025
PARF Rebate Amount: Intended COE Rebate Details	\$3,750.00
COE Expiry Date:	27 Nov 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$33,596.00
COE Rebate Amount:	\$23,890.00
Total Rebate Amount: Message	\$27,640.00
Please note that the 8-year COE for this vehicle cannot vehicle reaches its statutory lifespan (if applicable), which	be further renewed. The vehicle must be de-registered upon COE expiry or when the chever is earlier.

The information contained herein is correct as at 19 Mar 2020