				LKK:	
15/5/2010		CC6/EQI2000)4387/	ga3 IDAC:	
INS. CASE OWNER:		ASSIGNMI	ENT	2.3	12horz
Surveyor:		DOI:			11000
				Registered in Merimen:	
Pre-assign / CCU /	FTE				
Insured Vehicle No.	GBG 626J		Claim No.		
Name of Insured			Policy No.	:	
Insured Tel No.	:HP:		Make / Model		
Excess Sec II :S\$	D.C	D.A: 20/03/2020	Place of Accide	ent: TPF TOWARDS N	vood lands
Is driver the owner?	(YES / NO) Nat	ure of Accident :			
If NO, Driver Nam	se / Age :		OI GIA REPOR	RT: YES / NO ; TP GIA REP	ORT: YES / NO
Driver Tel N		(V/L: YES / NO)	Insured Liability	y: % Final?	Yes / No
GBD 7642G	·				
INSRS: WSP: LI SHEN Tel: AUTOMO Liability: RMKS:	G OBILE INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	WS Tel Lia	
Date/ Time					
	GBD 7642G - X			STAGE	DATE / PIC
	000 000 I			Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	
	GBG 626J - X			Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup):	
				Call OI:	
				After call ltr to OI:	
				Documentation Check List:	Handler 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:	
				Others:	
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	S\$ (days) Reduction:	%	Email	Call
FINAL SETTLEMENT		nfirm with		Email Call	
Final Liability:		sessed) 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		+ LOI [Tick only one]			
GIA/LTA Search	SS				
Medical:	SS			1) Claim status: Normal/Rejo	ect/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent)		2) Report Format:	
Legal Cost	S\$			3) Survey fee:	
Total:		obal Sum S\$:			
FINAL PAYMENT	D. P.	nfirm with:		Email Call	

Name 1:

Name 2: Name 3:

FINAL PAYMENT

Payee 1: Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)

Date/Time:

S\$

S\$

S\$

ASSIGNMENT

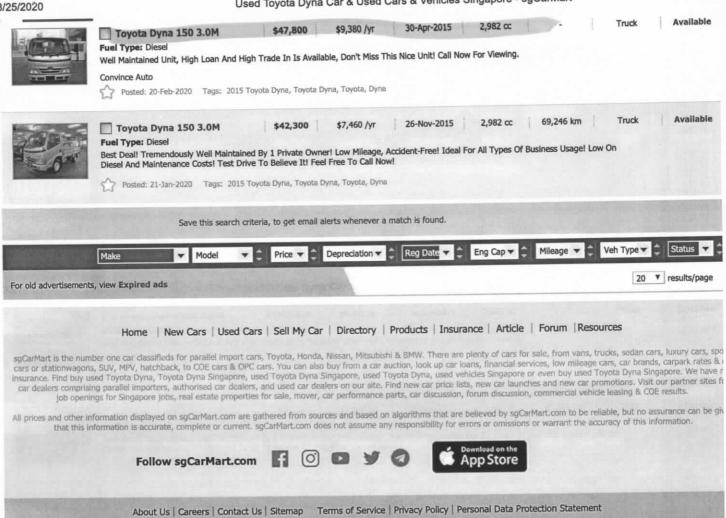
. Date:	Veh No: GBD 76426 Yr Regn: DOIS / ATR
rom: Date:	Type: M.Car / M.Cycle / Bus / Van / Corry / Taxi / Prime Mover /
Estimated Cost: DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: 480 76429	Make: Toyoth Dynn ISD n c.c 2982
at Workshop m/s LI SHRW 4	Colour CRKY A/C: Insured / Std / NI / NA
of 18 Pannan Loop Ho1-18 (BUKK)	Sp.Reading 27/80% T/Radio: Insured / Std / NI / NA
Insured: EQ1	Eng/No:
Policy No.	C/No: JTFAT35480K 204276
Claims No.	Gen. Cond: Good / Fair/ Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: MT S/Rim / STD A/Rim or
	Tyre Size: F: 195815C
(Policy Condition)	R: 158 R12C
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 FULL POWER
Bal. or Market Value: 47K	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 6/6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 1 mm L/Bal. 6/6 mm
Est. Repairs:days Res.: Yes or No	D.O.A. 20/03/2020 D.O.I. 24/03/2020
Lum Sum: % 3 Val.: Yes or No	Survey held at LI S Howh
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	·
	<u> </u>
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fe	ee: : Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Rep Formal:	: Tech. Invs (\$) Others
Lump Sum / LBJ: (%)	: Weel end (\$
	TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	Company			
Owner ID:	396D			
Vehicle Details				
Vehicle No.:	GBD7642G			
Vehicle to be Exported:	No			
Intended Deregistration Date:	25 Mar 2020			
Vehicle Make:	TOYOTA			
Vehicle Model:	TOYOTA DYNA 150 MANUAL			
Primary Colour:	Silver			
Manufacturing Year:	2014			
Engine No.:	1KD2479973			
Chassis No.:	JTFAT35Y80K204276			
Maximum Power Output:	•			
Open Market Value:	\$27,856.00			
Original Registration Date:	17 Apr 2015			
First Registration Date:	17 Apr 2015			
Transfer Count:	0			
Actual ARF Paid:	\$1,393.00			
Intended PARF Rebate Details				
PARF Eligibility:	No			
PARF Eligibility Expiry Date:	•			
PARF Rebate Amount:	\$0.00			
Intended COE Rebate Details	THE RESIDENCE OF THE PARTY OF T			
COE Expiry Date:	16 Apr 2025			
COE Category:	C - Goods Vehicle & Bus			
COE Period(Years):	10			
QP Paid:	\$64,001.00			
COE Rebate Amount:	\$32,388.00			
Total Rebate Amount:	\$32,388.00			

The information contained herein is correct as at 25 Mar 2020



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SHORTLISTED Compare 🙆

