

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: *SNQ 1169M*
at Workshop m/s *SK GARAGE*
of *5, SUON LEE ST #01-34*
Insured: *LPC*
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____
IDAC Accident Rpt: 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: *SNQ 1169M* Yr Regn: *1*
Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: *TOYOTA VOXY* c.c. _____
Colour: *BLACK* A/C: Insured / Std / NI / NA
Sp. Reading: *258308* T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: *ZRR 700147403*
Gen. Cond: Good / ☒ Fail / Poor / Burnt
Steering: ☒ Inorder / Jammed / Leaked / Burnt or
Brake: ☒ Inorder / Jammed / Leaked / Burnt or
Modi: Nil / ☒ S/Rim / STD A/Rim or
Tyre Size: F: *215/45R17*
R: *"*

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / ☒ YOKO or

Front		Rear	
R/Bal. <i>6</i>	mm	R/Bal. <i>6</i>	mm
L/Bal. <i>6</i>	mm	L/Bal. <i>6</i>	mm
D.O.A. <i>01/02/23</i>		D.O.I. <i>07/02/23</i>	
Survey held at <i>SK GARAGE</i>			

Des. of Damages: Frt / ☒ Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

REPAIR LIMIT -

ESTIMATE RANGE OF REPAIR / NO. OF DAYS -

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

Lump Sum / I.B.I: (\$

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

) : S + RS \$

) : Photos

) : Others

TOTAL

(08/11/13) wef
ASS. REC. BY: P. Mac

REF: CS3/LPC23001242/Rsg 3

603F

COE-2029/Jan

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SNG 1169M
at Workshop m/s SK GARAGE
of S, soon let ST #01-34
Insured: LPC

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: 78K

IDAC Accident Rpt: 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNG 1169M Yr Regn: 2009 / PPS
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____

Make: TOYOTA VOXY 200XA c.c. 1986
Colour: BLACK A/C: Insured / Std / NI / NA
Sp. Reading: 258308 T/Radio: Insured / Std / NI / NA
Eng/No: _____

C/No: ZRR 700147403

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/45R17
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO (YOKO) or

Front		Rear	
R/Bal.	<u>6</u> mm	R/Bal.	<u>6</u> mm
L/Bal.	<u>6</u> mm	L/Bal.	<u>6</u> mm
D.O.A.	<u>01/02/23</u>	D.O.I.	<u>07/02/23</u>

Survey held at SK GARAGE

Des. of Damages: Frt Kear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

REPAIR LIMIT - 59K

ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (3K-4K) / 4 days

Date/Time, File Pass to?

☐ : Prel. Report

☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)

) S + RS SI

☐ : Interview (\$ _____)

) Photos

☐ : Tech. Invs (\$ _____)

) Others

☐ : Weekend (\$ _____)

)

Report Format : _____

Lump Sum / I.B.I. (\$ _____)

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 603F

Vehicle Details

Vehicle No.: SNG1169M
Vehicle to be Exported: No
Intended Deregistration Date: 26 Feb 2023
Vehicle Make: TOYOTA
Vehicle Model: VOXY 2.0X A
Primary Colour: Black
Manufacturing Year: 2008
Engine No.: 3ZR4200638
Chassis No.: ZRR700147403
Maximum Power Output: 105.0 kW (140 bhp)
Open Market Value: \$21,545.00
Original Registration Date: 12 Feb 2009
First Registration Date: 12 Feb 2009
Transfer Count: 2
Actual ARF Paid: \$21,545.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 31 Jan 2029
COE Category: B - Car (1601cc & above)
COE Period(Years): 10
PQP Paid: \$31,335.00
COE Rebate Amount: \$18,581.00
Total Rebate Amount: \$18,581.00

Toyota Voxy 2.0A X (COE till 12/2028)

Overview

[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Price	\$78,800		
Depreciation 	\$13,470 /yr	Reg Date	23-Jan-2009 (5yrs 10mths 5days COE left)
Mileage	155,000 km (11k /yr)	Manufactured 	2008
Road Tax 	\$1,794 /yr	Transmission	Auto
Dereg Value 	\$18,456 as of today (change)	OMV 	\$27,378
COE 	\$31,553	ARF 	\$16,821
Engine Cap	1,986 cc	Power	105.0 kW (140 bhp)
Curb Weight 	1,550 kg	No. of Owners 	5
Type of Vehicle	MPV		